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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 526

HENDRICKS County

File Sept 22, 1992

Date of Application

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

MALE APPLICANT

Name: First Dennis Middle L. Last Ottinger

Date of Birth: Month 2 Day 5 Year 72

Place of Birth (State or foreign country) Indpls-

Residence Address: Street or R.R. RR1 Box 179A City Dist Salem County Hend. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

5. List the full names of any dependent children. none

6. (a) Full name of applicant's father Larry Edwin Ottinger
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Hend. Co.
Birthplace of father (State or foreign country) Putnam Co.
(b) Full maiden name of applicant's mother Susan Marie Ferrier
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Hend. Co.
Birthplace of mother (State or foreign country) Colorado

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Dennis L. Ottinger Date 9-22-92

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 _____

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

Signed ☒ Dennis L. Ottinger

New Address _____

Subscribed and sworn to before me this 22nd day of Sept., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana) ss:
County of HENDRICKS)

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Roxanne Middle M. Last Schild

Date of Birth: Month 7-12-68 Day Year

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: Street or R.R. 1118 DuKane Ct. City Indpls. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

5. List the full names of any dependent children. 1- Ashley 3yrs.

6. (a) Full name of applicant's father Edwin Jennings Schild
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indpls In.
Birthplace of father (State or foreign country) Texas
(b) Full maiden name of applicant's mother Doris M. Schild - unknown
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Roxanne M. Schild Date 9-22-92

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 _____

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

Signed ☒ Roxanne M. Schild

New Address _____

Subscribed and sworn to before me this 22nd day of Sept., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana) ss:
County of HENDRICKS)

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-92 *, authorizing the marriage of* DENNIS L. OTTINGER *and* ROXANNE M. SCHILD *. I further certify that the following marriage certificate was filed in my office: I,* LEROY PICKERING *(name), certify that on* OCTOBER 17, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DENNIS L. OTTINGER *of* HENDRICKS *County* IN *(state), and* ROXANNE M. SCHILD *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* 9-22-92 *Signed by:* /s/ LEROY PICKERING *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-22-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-262-6702 1477

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 527

HENDRICKS County

File

9-22-92
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 ☐
If No, Medical Examination or Report Dated 9-22-92
Name of Physician Robert A McCaslin M.D.

MALE APPLICANT

Name: First Sean Middle Michael Last Casady

Date of Birth: Month 12 Day 1 Year 72

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

Residence Address: Street or R.R. RR 1 Box 478 City Coatesville County State In. 46121

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Michael Casady
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Marie Walton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Shannon Middle Gene Last Gregory

Date of Birth: Month 9 Day 13 Year 73

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

Residence Address: Street or R.R. RR 1 Box 91 City Bellsville County State In 46121

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Billy Gene Gregory
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Reelsville, In.
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Bonnie Faye Holman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Reelsville, In.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

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

Signature of Applicant SEAN CASADY Date 9/22/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed SEAN CASADY

New Address [illegible]

Subscribed and sworn to before me this 22nd day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Shannon Gregory Date 9-22-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Shannon Gregory

New Address RR 1 Bk 478 Coatesville IN 46121

Subscribed and sworn to before me this 22nd day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-92, *authorizing the marriage of* SEAN MICHAEL CASADY *and* SHANNON GENE GREGORY. *I further certify that the following marriage certificate was filed in my office: I,* DAVID LANG *(name), certify that on* SEPTEMBER 26, 1992 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* SEAN MICHAEL CASADY *of* HENDRICKS *County* IN *(state), and* SHANNON GENE GREGORY *of* PUTNAM *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-26-92. *Signed by:* /s/ DAVID LANG, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-29-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-262-4701 1417

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 528

HENDRICKS County

File

9-23-92
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 Dr. Black

MALE APPLICANT

Name: First John Middle Gary Last Wynn
Date of Birth: Month 2 Day 5 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1703 Ringgold City Indpls County IN State 46203
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1967
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

6. (a) Full name of applicant's father Wallace R. Wynn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Gertrude P. Lythgoe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Signature of Applicant John G Wynn Date 9-23-92

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 _____

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

X Signed John G Wynn
New Address 10 North Broadway North Salem

Subscribed and sworn to before me this 23rd day of Sept. 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Anstiss Middle C Last Vorm
Date of Birth: Month 8 Day 12 Year 52
Place of Birth (State or foreign country) Mass.
Residence Address: Street or R.R. 102 N. Broadway City North Salem County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Thomas Guy Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Pennsylv
   (b) Full maiden name of applicant's mother Anstiss C. Abl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Mass

ACKNOWLEDGMENT

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

X Signature of Applicant Austiss C. Vorm Date 9/23/92

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 _____

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

X Signed Austiss C. Vorm
New Address 10 North Broadway North Salem

Subscribed and sworn to before me this 23rd day of Sept. 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-23-92 *, authorizing the marriage of* JOHN G. WYNN *and* ANSTISS C. VORM *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT H. GIBBON JR. *(name), certify that on* SEPTEMBER 25, 1992 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* JOHN WYNN *of* MARION *County* IN *(state), and* ANN VORM *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* 9-25-92 *. Signed by:* /s/ ROBERT H. GIBBON JR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-2-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

4

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 529

HENDRICKS County

File 9-23-92 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 9-22-92
Name of Physician J. Lee Farr M.D.

MALE APPLICANT

Name: First James Middle George Last Chrisman

Date of Birth: Month 9 Day 14 Year 43

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

Residence Address: Street or R.R. P O Box 311 City Pittsboro County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

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

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

6. (a) Full name of applicant's father George C. Chrisman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crawfordsville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sue Isabelle McNulty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crawfordsville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant [signature] Date 9/23/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed [signature]

New Address _____

Subscribed and sworn to before me this 23rd day of Sept. 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jeanie Middle Annette Last Harrell

Date of Birth: Month 7 Day 7 Year 51

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

Residence Address: Street or R.R. 1230N 650E City Brownsburg County State In.

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) Drivers Lic.

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

6. (a) Full name of applicant's father Harris Ray Rabbitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonnie Grace Baltinghouse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Jeanie Harrell Date 9-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Jeanie Harrell

New Address _____

Subscribed and sworn to before me this 23rd day of Sept. 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-23-92 *, authorizing the marriage of* JAMES GEORGE CHRISMAN *and* JEANNIE ANNETTE HARRELL *. I further certify that the following marriage certificate was filed in my office: I,* LINDA L. KALLOCK *(name), certify that on* OCTOBER 24, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES GEORGE CHRISMAN *of* HENDRICKS *County* IN *(state), and* JEANNIE ANNETTE HARRELL *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* 9-23-92 *. Signed by:* /s/ LINDA L. KALLOCK *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-28-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-262-4701 1417

5

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 530

HENDRICKS County

File

9-23-92 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 David Hadley, MD

MALE APPLICANT

Name: First Richard Middle Lytle Last Decker, Jr.

Date of Birth: Month 2 Day 19 Year 59

Place of Birth (State or foreign country) New York

Residence Address: Street or R.R. 5510 W Chelsea Rd City Zionsville County Marion State In

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 8-92

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

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

6. (a) Full name of applicant's father Richard Lytle Decker, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New York
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Beverly Ann Beveratock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

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

Signature of Applicant X Richard L. Decker Date 9-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Richard L. Decker

New Address _____

Subscribed and sworn to before me this 23rd day of Sept., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Stephanie Middle Jane Last Sparks

Date of Birth: Month 11 Day 18 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3128 Clover Dr. City Zionsville County Hendricks State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father James Edward Sparks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Sandra Jane Starr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Stephanie J. Sparks Date 9-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Stephanie J. Sparks

New Address _____

Subscribed and sworn to before me this 23rd day of Sept., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-23-92 *, authorizing the marriage of* RICHARD L. DECKER JR. *and* STEPHANIE J. SPARKS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* SEPTEMBER 23, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICHARD L. DECKER JR. *of* MARION *County* IN *(state), and* STEPHANIE J. SPARKS *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* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

6

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 531

HENDRICKS County

File 9-23-92

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 9-21-92
Name of Physician W. C. Stafford M.D.

MALE APPLICANT

Name: First Michael Middle Harvey Last Jennings

Date of Birth: Month 8 Day 24 Year 57

Place of Birth (State or foreign country) Macon, Ga.

Residence Address: Street or R.R. 11335 W. Washington Box 34 City Indpls. County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael H. Jennings Date 9-23-92

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 _____

State of Indiana) ss:
County of HENDRICKS)
I swear/affirm that the information given in this application is true and correct.
Signed Michael H. Jennings
New Address SAME
Subscribed and sworn to before me this 23rd day of Sept. 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Stone

Date of Birth: Month 11 Day 5 Year 60

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R.R. P.O. Box 72 City Carbersburg County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brandy Ann Fowler 13 yrs.
6. (a) Full name of applicant's father Robert Edward Fowler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Okla
   (b) Full maiden name of applicant's mother Sarah Susan Edward
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Carbersburg In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Pamela K Stone Date 9/23/92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Pamela K Stone (error) Date 9/23/92

State of Indiana) ss:
County of HENDRICKS)
I swear/affirm that the information given in this application is true and correct.
Signed Pamela K Stone
New Address 11335 W. Washington Box 34 Indpls, Ind
Subscribed and sworn to before me this 23rd day of Sept. 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-23-92 *, authorizing the marriage of* MICHAEL H. JENNINGS *and* PAMELA KAY STONE *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* SEPTEMBER 23, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL H. JENNINGS *of* HENDRICKS *County* IN *(state), and* PAMELA KAY STONE *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* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6782 1477

7

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 532

HENDRICKS County

File

9-23-92
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 9-14-92
Name of Physician J. Howard, M.D.

MALE APPLICANT

Name: First James Middle Robert Last Poe

Date of Birth: Month 8 Day 29 Year 66

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

Residence Address: 3531 Hyannis Port Dr. Street or R.R. Indianapolis City Marion County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

5. List the full names of any dependent children.

6. (a) Full name of applicant's father Kenneth Wayne Poe
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Greenwood, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Grace Ellen Carr
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Greenwood, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant James R. Poe Date 9-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed James R. Poe
New Address Same

Subscribed and sworn to before me this 23rd day of Sept, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Kristina Middle Kay Last Dawson

Date of Birth: Month 11 Day 20 Year 1967

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

Residence Address: 4615 N. 1000 E Street or R.R. Brownsburg City Hendricks County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Wayne Dawson
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Brownsburg, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Shelia Kay Dawe
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Kristina K Dawson Date 9-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Kristina K. Dawson
New Address 3531 HYANNIS PORT DR INDPLS IN

Subscribed and sworn to before me this 23rd day of Sept, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-23-92 *, authorizing the marriage of* JAMES ROBERT POE *and* KRISTINA KAY DAWSON *. I further certify that the following marriage certificate was filed in my office: I,* HAROLD L. LEININGER *(name), certify that on* OCTOBER 3, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* _____ *(state), and* JAMES ROBERT POE *of* HENDRICKS *County* IN *(state), and* KRISTINA KAY DAWSON *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* 10-3-92 *. Signed by:* /s/ HAROLD L. LEININGER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-6-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 533

HENDRICKS County

File

9-23-92
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 9-19-92
Name of Physician M. Benson, M.D.

MALE APPLICANT

Name: First Chad Middle Eric Last Myars
Date of Birth: Month 12 Day 26 Year 70
Place of Birth (State or foreign country) Franklin In.
Residence Address: Street or R.R. 4555 N St Rd 236 City Danville County State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Chad E. Myars Date 9/23/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Chad E. Myars
New Address 996 E. Main Apt. 2
Subscribed and sworn to before me this 23rd day of Sept, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tamella Middle Lynn Last Aleksa
Date of Birth: Month 8 Day 6 Year 69
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 396 E. Main St. City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tamella L. Aleksa Date 9/23/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tamella L. Aleksa
New Address Same
Subscribed and sworn to before me this 23rd day of Sept, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-23-92 *, authorizing the marriage of* CHAD ERIC MYARS *and* TAMELLA LYNN ALEKSA *. I further certify that the following marriage certificate was filed in my office: I,* LYNN COLEMAN *(name), certify that on* OCTOBER 2, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* 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* HENDRICKS *County, Indiana, dated* 10-2-92. *Signed by:* /s/ LYNN COLEMAN, PASTOR *(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 1-800-262-6702 1477

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 534

HENDRICKS County

File

9-24-92
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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician T.M. Poe

MALE APPLICANT

Name: First Kyle Middle Austin Last Weir

Date of Birth: Month 4 Day 27 Year 74

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 2 Box 136 City Coatesville County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Maurice Austin Weir
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sandra Rae White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kyle A. Weir Date 9-24-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kyle A. Weir
New Address _____
Subscribed and sworn to before me this 24 day of Sept., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Susan Middle Annette Last Means

Date of Birth: Month 9 Day 27 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 452 Gullane Ct. City Plfd County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Rexford Lee Means
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Judith Ann Marker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd IN
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Susan A Means Date 9-24-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Susan A Means
New Address Same as above
Subscribed and sworn to before me this 24 day of Sept., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-24-92 *, authorizing the marriage of* KYLE AUSTIN WEIR *and* SUSAN ANNETTE MEANS *. I further certify that the following marriage certificate was filed in my office: I,* PASTOR W. H. BEAUCHAT *(name), certify that on* OCTOBER 10, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KYLE AUSTIN WEIR *of* HENDRICKS *County* IN *(state), and* SUSAN ANNETTE MEANS *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* 10-10-92 *. Signed by:* /s/ REV. W. H. BEAUCHAT, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-13-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-262-6703 1477

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 535

HENDRICKS County

File

9-25-92 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

Name: First Bruce Middle Dale Last Tidwell

Date of Birth: Month 12 Day 1 Year 46

Place of Birth (State or foreign country) Wisconsin Rapids, WS

Residence Address: Street or R.R. P O Box 2001 City Goldsboro County State N.C. 27533

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

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

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

6. (a) Full name of applicant's father Richard Dale Tidwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Bernyce Carolyn Christerson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Shannon, Ill.
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

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

Signature of Applicant Bruce D Tidwell Date 9/25/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Bruce D. Tidwell

New Address _____

Subscribed and sworn to before me this 25th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Marilyn Middle Joan Last Myers

Date of Birth: Month 3 Day 8 Year 35

Place of Birth (State or foreign country) Danville Ill.

Residence Address: Street or R.R. 342 Donnelly Dr. City Brunsburg County State In.

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

Last Marriage Ended By: 2 Death ☐ Divorce ☒ Annulment ☐ Date 1979

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

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

6. (a) Full name of applicant's father Arthur Edwin Evans
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Cry Callen Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Marilyn J Myers Date 9/25/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Marilyn J. Myers

New Address _____

Subscribed and sworn to before me this 25th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-25-92 *, authorizing the marriage of* BRUCE DALE TIDWELL *and* MARILYN JOAN MYERS *. 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), at* INDIANAPOLIS *in* MARION *County, Indiana,* BRUCE DALE TIDWELL *of* WAYNE *County* NORTH CAROLINA *(state), and* MARILYN JOAN MYERS *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* 9-25-92 *. Signed by:* /s/ WILLIAM L. WASSNER *,* SENIOR MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-29-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-262-6702 1477

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 536

HENDRICKS County

File 9-25-92

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 Dr. Brown

MALE APPLICANT

Name: First John Middle E Last Riddle

Date of Birth: Month 6 Day 10 Year 51

Place of Birth (State or foreign country): Ohio

Residence Address: 366 W Clinton St Danville IN (Street or R.R. / City / County / State)

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

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

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

6. (a) Full name of applicant's father Ralph Riddle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Florence E. Rollings
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

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

X Signature of Applicant John E Riddle Date 9-25-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed John E Riddle

New Address _____

Subscribed and sworn to before me this 25th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Julia Middle A Last Bailey

Date of Birth: Month 12 Day 14 Year 58

Place of Birth (State or foreign country): Indiana

Residence Address: 366 W. Clinton St Danville IN (Street or R.R. / City / County / State)

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983

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

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

6. (a) Full name of applicant's father Cecil G. Bailey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Anna G. King
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Kentucy

ACKNOWLEDGMENT

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

X Signature of Applicant Julia A. Bailey Date 9-25-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Julia A. Bailey

New Address _____

Subscribed and sworn to before me this 25th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-25-92 *, authorizing the marriage of* JOHN E. RIDDLE *and* JULIA A. BAILEY *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* SEPTEMBER 25, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN E. RIDDLE *of* HENDRICKS *County* IN *(state), and* JULIA A. BAILEY *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* 9-25-92 *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* 9-25-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 537

HENDRICKS County

File

9-25-92 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 ☐ 9-14-92
If No, Medical Examination or Report Dated
Name of Physician Ila Clark, M.D.

MALE APPLICANT

Name: First Darrel Middle Lee Last Huff, MD

Date of Birth: Month 8 Day 16 Year 65

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

Residence Address: Street or R.R. 427 Village Green Blvd #102 City Ann Arbor County State MI.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Larry Theron Huff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Lee Mahan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Darrel L. Huff, MD Date 9-25-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Darrel L. Huff, MD

New Address same

Subscribed and sworn to before me this 25th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Andrea Middle Rae Last Donovan

Date of Birth: Month 10 Day 30. Year 69

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

Residence Address: Street or R.R. 25 Gill Dr. City Danville County State In.

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

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

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

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

6. (a) Full name of applicant's father Robert Morris Donovan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beverly Annette Hutton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Andrea Rae Donovan Date 9-25-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Andrea Rae Donovan

New Address 427 Village Green Blvd. #102 Ann Arbor, MI.

Subscribed and sworn to before me this 25th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-25-92 *, authorizing the marriage of* DARREL LEE HUFF *and* ANDREA RAE DONOVAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. RONALD E. McDUGLE *(name), certify that on* SEPTEMBER 26, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DARREL LEE HUFF *of* WASHTENAW *County* MICHIGAN *(state), and* ANDREA RAE DONOVAN *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* 9-26-92 *Signed by:* /s/ REV. RONALD E. McDUGLE, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-29-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 538

HENDRICKS County

File

9-25-92 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 9-14-92
Name of Physician Stephen C. Steeger M.D.

MALE APPLICANT

Name First Scott Middle Vincent Last Reeder

Date of Birth Month 5 Day 15 Year 70

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

Residence Address Street or R.R. 355 Ellis St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Daniel Alan Reeder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Kay Keller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Scott V. Reeder Date 9/25/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Scott V. Reeder
New Address Same
Subscribed and sworn to before me this 25th day of Sept. 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name First Elaine Middle Marie Last Wolden

Date of Birth Month 12 Day 24 Year 71

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

Residence Address Street or R.R. 355 Ellis St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father James Edward Walden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Janice Lee Bogan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Elaine M. Wolden Date 9/25/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Elaine M. Wolden
New Address Same
Subscribed and sworn to before me this 25th day of Sept. 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-25-92 *, authorizing the marriage of* SCOTT VINCENT REEDER *and* ELAINE MARIE WOLDEN *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* OCTOBER 10, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SCOTT VINCENT REEDER *of* HENDRICKS *County* IN *(state), and* ELAINE MARIE WOLDEN *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* 9-25-92 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-13-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 539

HENDRICKS County

File 9-28-92 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

Name: First Clifton Middle Orin Last McClellan

Date of Birth: Month 9 Day 20 Year 44

Place of Birth (State or foreign country) Nampa Idaho

Residence Address: Street or R.R. 10034 Bacara Dr. City Indpls. County Hendricks State In.

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) Drivers Lic.

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

6. (a) Full name of applicant's father Clifton Orin McClellan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Vale, Or.
   Birthplace of father (State or foreign country) Idaho
   (b) Full maiden name of applicant's mother Dorothy Alma Wall
   (If adopted, list adoptive parents only) Vale, Or.
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country) Idaho

ACKNOWLEDGMENT

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

Signature of Applicant Clifton O. McClellan Date 9-28-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Clifton O. McClellan

New Address

Subscribed and sworn to before me this 28th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

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

_____ Clerk

FEMALE APPLICANT

Name: First Drucilla Middle Irene Last Colbert

Date of Birth: Month 10 Day 25 Year 57

Place of Birth (State or foreign country) Maumee, Ohio

Residence Address: Street or R.R. 10034 Bacara Dr. City Indpls. County Hendricks State In. 46234

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

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

6. (a) Full name of applicant's father Ollie B. Putman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Bonnie Johns
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

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

Signature of Applicant Drucilla Irene Colbert 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Drucilla Irene Colbert

New Address Same

Subscribed and sworn to before me this 20th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-92 *, authorizing the marriage of* CLIFTON ORIN MCCLELLAN *and* DRUCILLA IRENE COLBERT *. I further certify that the following marriage certificate was filed in my office: I,* REV. LARRY JOSEPH JENKINS *(name), certify that on* OCTOBER 23, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* CLIFTON ORIN MCCLELLAN *of* HENDRICKS *County* IN *(state), and* DRUCILLA IRENE COLBERT *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* 10-23-92 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 540

HENDRICKS County

File 9-28-92 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 8-18-92
Name of Physician Judith A. Robinson, M.D.

MALE APPLICANT

Name: First Ted Middle Lee Last Coomer

Date of Birth: Month 5 Day 5 Year 62

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

Residence Address: Street or R.R. 253 Old North Salem Rd. City Donalle County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Joseph Coomer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Molly Nannie Lawson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Donalle, In.
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

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

Signature of Applicant Ted L Coomer Date 9-28-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Ted L. Coomer
New Address Same
Subscribed and sworn to before me this 28th day of Sept. 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Lydia Middle Beth Last Elmore

Date of Birth: Month 9 Day 2 Year 69

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

Residence Address: Street or R.R. 253 Old North Salem Rd. City Donalle County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Theodore Frederick Elmore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonnie Dee Cook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Lydia B Elmore Date 9-28-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Lydia B. Elmore
New Address Same
Subscribed and sworn to before me this 28th day of Sept. 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-28-92 *, 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, Indiana,* 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* HENDRICKS *County, Indiana, dated* 10-10-92 *. Signed by:* /s/ WILLIAM R. CLAYTON, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-15-92 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-362-6702 1417

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 541

HENDRICKS County

File

9-29-92
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 9-29-92
Name of Physician Mello, M.D.

MALE APPLICANT

Name: First Clint Middle Edward Last Courtney

Date of Birth: Month 1 Day 10 Year 73

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

Residence Address: Street or R.R. P O Box 4 City North Salem County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Clint E. Courtney Date 9-29-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Clint E. Courtney

New Address _____

Subscribed and sworn to before me this 29th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sally Middle Jane Last Grooms

Date of Birth: Month 10 Day 12 Year 73

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

Residence Address: Street or R.R. R R 1 Box 29 City Jamestown County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Sally J. Grooms Date 9-29-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Sally J. Grooms

New Address _____

Subscribed and sworn to before me this 29th day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-92 *, authorizing the marriage of* CLINT EDWARD COURTNEY *and* SALLY JANE GROOMS *. I further certify that the following marriage certificate was filed in my office: I,* KENNETH R. PAQUIN *(name), certify that on* NOVEMBER 7, 1992 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* CLINT EDWARD COURTNEY *of* HENDRICKS *County* IN *(state), and* SALLY JANE GROOMS *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* 9-29-92 *. Signed by:* /s/ KENNETH R. PAQUIN, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-10-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 542

HENDRICKS County

File 9-29-92
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 9-9-92
Name of Physician Dr McCain

MALE APPLICANT

Name: First Brian Middle Eugene Last Marquis
Date of Birth: Month June Day 13 Year 1956
Place of Birth (State or foreign country) Louisana
Residence Address: Street or R.R. 1232 Argyle Dr City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licence

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

ACKNOWLEDGMENT

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

X Signature of Applicant Brian Eugene Marquis Date 9-29-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Brian Eugene Marquis
New Address same

Subscribed and sworn to before me this 29 day of Sept, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Joni Middle Ann Last Schwartz
Date of Birth: Month April Day 1 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5437 Holly Springs Dr W. City Grapevine County Marion State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers Licence

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

ACKNOWLEDGMENT

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

X Signature of Applicant Joni Ann Schwartz Date 9-29-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Joni Ann Schwartz
New Address same

Subscribed and sworn to before me this 29 day of Sept, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-92 *, authorizing the marriage of* BRIAN EUGENE MARQUIS *and* JONI ANN SCHWARTZ *. I further certify that the following marriage certificate was filed in my office:*

I, REV. JOHN H. HAMER *(name), certify that on* OCTOBER 10, 1992 *(date), at* FORT WAYNE *in* ALLEN *County, Indiana,* BRIAN E. MARQUIS *of* HENDRICKS *County* IN *(state), and* JONI ANN SCHWARTZ *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 543

HENDRICKS County

File

9-30-92
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 9-14-92
Name of Physician Greg A. Miller MD

MALE APPLICANT

Name First Gregory Middle Wayne Last Skinner
Date of Birth Month 10 Day 24 Year 45
Place of Birth (State or foreign country) Sacramento, CA
Residence Address Street or R.R. apt 251-C Rainewood Ct. City Plainfield County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brian Skinner 17 yrs.
6. (a) Full name of applicant's father Robert Wayne Skinner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lafayette, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vera June Swan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lafayette, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Carla Middle Sue Last Fangmeyer
Date of Birth Month 7 Day 18 Year 45
Place of Birth (State or foreign country) Terre Haute, In.
Residence Address Street or R.R. 1710 Black Oak Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gregory W Skinner Date 9/30/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gregory W Skinner
New Address 1710 Black Oak Dr. Plainfield Ind 46168
Subscribed and sworn to before me this 30th day of Sept, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carla Sue Fangmeyer Date 9/30/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Carla Sue Fangmeyer
New Address _____
Subscribed and sworn to before me this 30th day of Sept, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-30-92 *, authorizing the marriage of* GREGORY WAYNE SKINNER *and* CARLA SUE FANGMEYER *. I further certify that the following marriage certificate was filed in my office: I,* R. BRADLEY MILLER *(name), certify that on* OCTOBER 11, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* _____ *(state), and* GREGORY WAYNE SKINNER *of* HENDRICKS *County* IN *(state) were married by me as authorized* CARLA SUE FANGMEYER *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* 9-30-92 *. Signed by:* /s/ R. BRADLEY MILLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-22-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 544

HENDRICKS County

File 9-30-92

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 9-28-92
Name of Physician Dr Poe

MALE APPLICANT

Name: First Thomas Middle Robert Last Greene

Date of Birth: Month May Day 22 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1189 W Lincoln St Apt A-1 City Danville County Hendricks State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Darwin Lee Greene
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margery Eileen Tuttle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

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

X Signature of Applicant Thomas R Greene Date 9-30-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Thomas R Greene
New Address Same

Subscribed and sworn to before me this 30 day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Shannon Middle Marie Last Spurling

Date of Birth: Month October Day 30 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1189 W Lincoln St Apt A-1 City Danville County Hendricks State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Michael Dean Spurling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Sue Edwards
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

X Signature of Applicant Shannon M Spurling Date 9/30/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Shannon M Spurling
New Address Same

Subscribed and sworn to before me this 30 day of Sept, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-30-92 *, authorizing the marriage of* THOMAS ROBERT GREENE *and* SHANNON MARIE SPURLING *. I further certify that the following marriage certificate was filed in my office: I,* A. W. FARNSWORTH IV *(name), certify that on* OCTOBER 10, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS ROBERT GREENE *of* HENDRICKS *County* IN *(state), and* SHANNON MARIE SPURLING *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* 9-30-92 *. Signed by:* /s/ A. W. FARNSBORTH IV *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* _____ *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 545

HENDRICKS County

File

9-30-92 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 9-17-92
Name of Physician M. Bostic, M.D.

MALE APPLICANT

Name: First Richard Middle Lee Last Leser

Date of Birth: Month 11 Day 19 Year 58

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

Residence Address: Street or R.R. 2301 Lake O Lanterns E. Dr. City Indpls. County State In.

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) Dr. Lic.

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

ACKNOWLEDGMENT

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

Signature of Applicant Richard Lee Leser Date 9/30/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Richard Lee Leser

New Address _____

Subscribed and sworn to before me this 30th day of Sept., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Erin Middle Fesler Last Burke

Date of Birth: Month 8 Day 2 Year 60

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

Residence Address: Street or R.R. 2301 Lake O Lanterns E. Dr. City Indpls. County State In.

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) Dr. Lic.

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

ACKNOWLEDGMENT

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

Signature of Applicant Erin Fisher Burke Date 9/30/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Erin Fisher Burke

New Address Same

Subscribed and sworn to before me this 30th day of Sept., 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-30-92 *, authorizing the marriage of* RICHARD LEE LESER *and* ERIN FISHER BURKE *. I further certify that the following marriage certificate was filed in my office: I,* STEVE RUSSELL *(name), certify that on* OCTOBER 17, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICHARD LEE LESER *of* HENDRICKS *County* IN *(state), and* ERIN FISHER BURKE *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* 9-30-92 *. Signed by:* /s/ REV. STEVE RUSSELL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-262-6702 1477

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 546

HENDRICKS County

File

10-1-92
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 9-29-92
Name of Physician M. Boyer, M.D.

MALE APPLICANT

Name: First Joseph Middle Patrick Last Bullock
Date of Birth: Month 7 Day 6. Year 68
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 638 Maple Ct. City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

FEMALE APPLICANT

Name: First Veronica Middle Lee Last Beidler
Date of Birth: Month 9 Day 22 Year 69
Place of Birth (State or foreign country) Kansas City, Mo.
Residence Address: Street or R.R. 382 S. Green St. City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joseph P. Bullock Date 10-1-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Joseph P. Bullock
New Address 382 S. Green St. Brownsburg IN 46112
Subscribed and sworn to before me this 1st day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Veronica Beidler Date 10/1/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Veronica Beidler
New Address 382 S. Green St
Subscribed and sworn to before me this 1st day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-1-92, *authorizing the marriage of* JOSEPH PATRICK BULLOCK *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,* JOSEPH PATRICK BULLOCK *of* HENDRICKS *County* IN *(state), and* VERONICA LEE BEIDLER *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* 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 1-800-382-8702 1477

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 547

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated 9-30-92
Name of Physician J. Kerlin, M.D.

MALE APPLICANT

Name: First Donald Middle August Last Eckstein

Date of Birth: Month 10 Day 26 Year 61

Place of Birth (State or foreign country) Batesville In.

Residence Address: Street or R.R. 519 E. Broadway City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Betsy A Joyce Date 10-2-92

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Donald G. Eckst
New Address SAME

Subscribed and sworn to before me this 2nd day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Betsy Middle Ann Last Joyce

Date of Birth: Month 12 Day 19 Year 62

Place of Birth (State or foreign country) Cincinnati Oh.

Residence Address: Street or R.R. 929 Winding Brook Pkwy Apt H City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Donald G. Eckst Date 10/2/92

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Betsy A Joyce
New Address 519 E. Broadway Danville, In

Subscribed and sworn to before me this 2nd day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-2-92 *, authorizing the marriage of* DONALD AUGUST ECKSTEIN *and* BETSY ANN JOYCE *. I further certify that the following marriage certificate was filed in my office:*

I, CHARLES L. FLORY *(name), certify that on* OCTOBER 10, 1992 *(date), at* BATESVILLE *in* RIPLEY *County, Indiana,* DONALD AUGUST ECKSTEIN *of* HENDRICKS *County* IN *(state), and* BETSY ANN JOYCE *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-2-92 *.*

Signed by: /s/ CHARLES L. FLORY PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-15-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 548

File

10-5-92
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 5-92
Name of Physician L. Adams, M.D.

MALE APPLICANT

Name First: Anthony Middle: Joseph Last: Hamilton
Date of Birth Month: 9 Day: 4 Year: 67
Place of Birth (State or foreign country): Wabash, In.
Residence Address Street or R.R.: 2727 Nasa Rd. 1 Apt 1420 City: Seabrook County: State: Tx.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Anthony J Hamilton Date: 10-5-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: Anthony J Hamilton
New Address: SAME AS ABOVE
Subscribed and sworn to before me this 5th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Marjorie Middle: Rose Last: Lekse
Date of Birth Month: 7 Day: 16 Year: 68
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address Street or R.R.: 20 Acre Ln. City: Brownsburg County: State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Marjorie R. Lekse Date: 10-5-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: Marjorie R. Lekse
New Address: 2727 NASA Rd 1 #1420 Seabrook TX
Subscribed and sworn to before me this 5th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-5-92 *, authorizing the marriage of* ANTHONY JOSEPH HAMILTON *and* MARJORIE ROSE LEKSE *. I further certify that the following marriage certificate was filed in my office: I,* REV. VINCENT P. LAMPERT *(name), certify that on* OCTOBER 10, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ANTHONY JOSEPH HAMILTON *of* HARRIS *County* TEXAS *(state), and* MARJORIE ROSE LEKSE *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* 10-5-92 *. Signed 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 549

File

10-5-92 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

Name: First Norman Middle Leslie Last Gregory

Date of Birth: Month 9 Day 7 Year 52

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R.R. Po Box 161 City Amo County Hendricks State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1979

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

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

6. (a) Full name of applicant's father William Lee Gregory
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Shelbyville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marcia Jane Bluestein
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Shelbyville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Norm Gregory Date 5Oct92

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Norm Gregory

New Address

Subscribed and sworn to before me this 10th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Judy Middle May Last Lakah Taylor

Date of Birth: Month 11 Day 6 Year 1947

Place of Birth (State or foreign country) Indpls. Marion In.

Residence Address: Street or R.R. 227 S. Pearl City Amo County Hendricks State In. 46103

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

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

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

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

6. (a) Full name of applicant's father Robert Harold Greeson Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Audrey Labah Hester
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Amo, In.
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

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

Signature of Applicant Judy M. Taylor Date 10-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Judy M. Taylor

New Address 410 N East St. Plfd, In. 46168

Subscribed and sworn to before me this 6 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-92 *, authorizing the marriage of* NORMAN LESLIE GREGORY *and* JUDY MAY LAKAH TAYLOR *. I further certify that the following marriage certificate was filed in my office: I,* TED A. MILLER *(name), certify that on* OCTOBER 24, 1992 *(date), at* AMO *in* HENDRICKS *County, Indiana,* NORMAN LESLIE GREGORY *of* HENDRICKS *County* IN *(state), and* JUDY MAY LAKAH TAYLOR *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* 10-16-92 *. Signed by:* /s/ TED A. MILLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-27-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 550

File

10-5-92
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 9-22-92
Name of Physician L. Howell, M.D.

MALE APPLICANT

Name: First Kevin Middle Matthew Last Zahn

Date of Birth: Month 5 Day 16 Year 61

Place of Birth (State or foreign country) Brunswick, Maine

Residence Address: Street or R.R. 811 Manor Ct. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Paul Darell Zahn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Sue DeTer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Kevin Zahn Date 10/5/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Kevin Zahn
New Address same

Subscribed and sworn to before me this 5th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sherry Middle Ann Last Dickun

Date of Birth: Month 3 Day 6 Year 57

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

Residence Address: Street or R.R. 811 Manor Ct. City Plainfield County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children Joshua Dickun 7yrs.

6. (a) Full name of applicant's father Jim L. Gould
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruby L. Curtis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant Sherry Dickun Date 10/5/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Sherry Dickun 10/5/92
New Address same

Subscribed and sworn to before me this 5th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* OCTOBER 25, 1992 *, authorizing the marriage of* KEVIN MATTHEW ZAHN *and* SHERRY ANN DICKUN *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD C. EVERTS *(name), certify that on* OCTOBER 25, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KEVIN MATTHEW ZAHN *of* HENDRICKS *County* IN *(state), and* SHERRY ANN DICKUN *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* 10-5-92 *. Signed by:* /s/ RICHARD C. EVERTS *,* UNITY MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-5-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 551

HENDRICKS County

File

10-5-92
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 10-2-92
Name of Physician R. Hansell, M.D.

MALE APPLICANT

Name: First Donald Middle Eugene Last Bedwell
Date of Birth: Month 10 Day 2 Year 62
Place of Birth (State or foreign country) Terre Haute, In.
Residence Address: Street or R.R. R.R. 1 Box 88 City Jamestown County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of applicant's father Raymond Edward Bedwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bertha Claudine Conard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donald E Bedwell Date 10-5-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Donald E Bedwell
New Address RR 2 Box 141 FV Coatesville In 46121
Subscribed and sworn to before me this 5th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sherry Middle Lynn Last Garren
Date of Birth: Month 10 Day 21 Year 68
Place of Birth (State or foreign country) Centralia, Ill.
Residence Address: Street or R.R. R.R. 1 Box 88 City Jamestown County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of applicant's father Jerry B. Garren
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Centralia, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Rickie Lee Henderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sherry L. Garren
New Address R.R. 2 Box 141 F.V. Coatesville, IN.
Subscribed and sworn to before me this 5th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-5-92 *, authorizing the marriage of* DONALD EUGENE BEDWELL *and* SHERRY LYNN GARREN *. I further certify that the following marriage certificate was filed in my office: I,* EDDIE R. MYERS *(name), certify that on* OCTOBER 17, 1992 *(date), at* PRAIRIE CREEK *in* VIGO *County, Indiana,* _____ DONALD EUGENE BEDWELL *of* HENDRICKS *County* IN *(state), and* _____ SHERRY LYNN GARREN *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* 10-17-92 *. Signed by:* /s/ EDDIE MYERS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 552

File

10-5-92
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 Dr. Stroud

MALE APPLICANT

Name: First Richard Middle W Last Gummer

Date of Birth: Month 4 Day 29 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: 6010 Oldorchard Rd Street or R.R. City Indpls County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Richard M Gummer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Shirley J Sutton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Signature of Applicant Richard W. Gummer Date 10/5/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Richard W. Gummer
New Address

Subscribed and sworn to before me this 5th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Diana Middle L Last Strong

Date of Birth: Month 12 Day 03 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: 512 Lakeview Ln/D Street or R.R. City Indpls County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father William E. Strong
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Margret J Elliott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Signature of Applicant Diana Strong Date 10-5-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Diana Strong
New Address 635 Simmons Pl Apt. D Indpls. In. 46168

Subscribed and sworn to before me this 5th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-5-92 *, authorizing the marriage of* RICHARD W. GUMMER *and* DIANA L. STRONG *. I further certify that the following marriage certificate was filed in my office: I,* the REV. WILLIAM P. HENDRICKS *(name), certify that on* OCTOBER 24, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICHARD W. GUMMER *of* HENDRICKS *County* IN *(state), and* DIANA L. STRONG *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* 10-5-92 *. Signed by:* /s/ the REV. WILLIAM P. HENDRICKS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-5-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 553

HENDRICKS County

File

10-6-92
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 9-21-92
Name of Physician S. Heeger D.O.

MALE APPLICANT

Name: First Albert Middle W. Last Richey

Date of Birth: Month 8 Day 12 Year 49

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

Residence Address: Street or R.R. 963 apt D Pinewood Dr. City Plainfield County Hendricks State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. William A. Richey 16 yrs
6. (a) Full name of applicant's father William W. Richey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosemary A. Green
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Albert W Richey Date 10-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Albert W Richey
New Address Same

Subscribed and sworn to before me this 6th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Patsy Middle G. Last Whyde

Date of Birth: Month 11 Day 19 Year 52

Place of Birth (State or foreign country) Miami, Fl.

Residence Address: Street or R.R. 963 apt D Pinewood Dr. City Plainfield County Hendricks State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1971

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Patsy G Whyde Date 10-6-92.

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Patsy G Whyde.
New Address Same.

Subscribed and sworn to before me this 6th day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-92 *, authorizing the marriage of* ALBERT W. RICHEY *and* PATSY G. WHYDE *. I further certify that the following marriage certificate was filed in my office: I,* THOMAS E. ALSIP *(name), certify that on* NOVEMBER 14, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ALBERT W. RICHEY *of* HENDRICKS *County* IN *(state), and* PATSY G. WHYDE *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* 10-6-92 *. Signed by:* /s/ THOMAS E. ALSIP *,* JUDGE, PRO TEM *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-19-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 554

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

MALE APPLICANT

Name: First Gregory Middle Ray Last Young
Date of Birth: Month 8 Day 6 Year 57
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 9311 Jutland Ct Apt C City Indpls. County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

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

Signature of Applicant X Gregory R. Young Date 10-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Gregory R. Young
New Address Same as above

Subscribed and sworn to before me this 6 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Denise Middle Renee Last Coulomb
Date of Birth: Month 3 Day 3 Year 64
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1073 Redwood Dr. City Brownsburg County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

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

ACKNOWLEDGMENT

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

Signature of Applicant X Denise R Coulomb Date 10-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Denise R Coulomb
New Address same as above

Subscribed and sworn to before me this 6 day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-92 *, authorizing the marriage of* GREGORY RAY YOUNG *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 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GREGORY RAY YOUNG *of* _____ *County* MARION *(state), and* DENISE RENEE COULOMB *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* 10-6-92 *. Signed by:* /s/ JOHN P. ROOF *,* EPISCOPAL PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 555

File

10-6-92 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 Dr. Johns

MALE APPLICANT

Name: First James Middle E Last Spears Jr.
Date of Birth: Month 1 Day 11 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1566 N 300 E City Danville County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

X Signature of Applicant James E. Spears Jr. Date 10-6-92

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 /

State of Indiana)
County of HENDRICKS) ss:

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

X Signed James E. Spears Jr.
New Address _____

Subscribed and sworn to before me this 6th day of October, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Diana Middle L Last Wooden
Date of Birth: Month 5 Day 27 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8 Marianna Ct. City Brownsburg County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

X Signature of Applicant Diana L. Wooden Date 10-6-92

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 10-6-92

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Diana L. Wooden
New Address 1566 N. 300 E. Danville Ind. 46122

Subscribed and sworn to before me this 6th day of October 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-92 *, authorizing the marriage of* JAMES E. SPEARS, JR. *and* DIANA L. WOODEN *. I further certify that the following marriage certificate was filed in my office: I,* ELD. CLYDE E. SHEPHERD *(name), certify that on* OCTOBER 10, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JAMES E. SPEARS, JR. *of* HENDRICKS *County* IN *(state), and* DIANA L. WOODEN *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* 10-10-92 *. Signed by:* /s/ ELD. CLYDE E. SHEPHERD *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-13-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 556

File

10-6-92
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 9-25-92
Name of Physician D. Pittman M.D.

MALE APPLICANT

Name: First Gerald Middle Daniel Last Ritter

Date of Birth: Month 4 Day 11 Year 60

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

Residence Address: Street or R.R. 1042 S. 600 W. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Gerald D. Ritter Date 10-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Gerald D. Ritter

New Address Same

Subscribed and sworn to before me this 6th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Heather Middle Irene Last Hieston

Date of Birth: Month 12 Day 15 Year 70

Place of Birth (State or foreign country) Cincinnati, Oh

Residence Address: Street or R.R. 1042 S. 600W City Danville County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Heather Hieston Date 10/6/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Heather Hieston

New Address SAME

Subscribed and sworn to before me this 6th day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-92 *, authorizing the marriage of* GERALD DANIEL RITTER *and* HEATHER IRENE HEISTON *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD E. KURTH *(name), certify that on* OCTOBER 31, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GERALD DANIEL RITTER *of* HENDRICKS *County* IN *(state), and* HEATHER IRENE HIESTON *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* 10-31-92 *. Signed by:* /s/ REV. RICHARD E. KURTH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-3-92 *(date).*

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 557

HENDRICKS County

File

10-7-92
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 10-1-92
Name of Physician Michael Pezzato, MD

MALE APPLICANT

Name: First Douglas Middle Edward Last McLoed
Date of Birth: Month 7 Day 8 Year 70
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 42 W. Vermont St. City Brownsburg County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Douglas E McLoed Date 10-7-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed SAME as Above
New Address Douglas E. McLoed
Subscribed and sworn to before me this 7th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Waneta Middle Marie Last Hamilton
Date of Birth: Month 11 Day 18 Year 69
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 7 Fairfield Dr. City Brownsburg County In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Waneta Hamilton Date 10/7/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Waneta Hamilton 10/7/92
New Address 42 W Vermont Brownsburg, In 46112
Subscribed and sworn to before me this 7th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-7-92 *, authorizing the marriage of* DOUGLAS EDWARD McLOED *and* WANETA MARIE HAMILTON *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* OCTOBER 24, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DOUGLAS EDWARD McLOED *of* HENDRICKS *County* IN *(state), and* WANETA MARIE HEMILTON *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* 10-7-92 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 558

File

10-8-92 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 Indpls. Physicians for Women

MALE APPLICANT

Name: First Mack Middle Henry Last Stone Jr.

Date of Birth: Month 6 Day 2 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1546 Moon Rd. City Plfd County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Mack H Stone Jr Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Mack H Stone Jr

New Address

Subscribed and sworn to before me this 8 day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Marsha Middle Ann Last Sullivan

Date of Birth: Month 7 Day 6 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 12 Stevens Dr. City Plfd County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Marsha A Sullivan Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Marsha A. Sullivan

New Address Same as above

Subscribed and sworn to before me this 8 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-8-92 *, authorizing the marriage of* MACK H. STONE JR. *and* MARSHA A. SULLIVAN *. I further certify that the following marriage certificate was filed in my office: I,* PAUL H. BOWEN *(name), certify that on* OCTOBER 17, 1992 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* MACK H. STONE, JR. *of* HENDRICKS *County* IN *(state), and* MARSHA A. SULLIVAN *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* 10-8-92. *Signed by:* /s/ PAUL H. BOWEN, SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-8-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 559

File

10-9-92
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

Name First: Richard Middle: Norman Last: Cottey

Date of Birth Month: 10 Day: 5 Year: 46

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

Residence Address Street or R.R.: 342 Meadow Dr Apt 3 City: Danville 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 ☐ Other (Specify)

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

6. (a) Full name of applicant's father: Arthur Leroy Cottey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Shirley L. Fortner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Nineveh, In.
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

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

Signature of Applicant: Richard Cottey 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Richard Cottey
New Address SAME

Subscribed and sworn to before me this 9th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First: Julia Middle: Ann Last: Catellier

Date of Birth Month: 5 Day: 15 Year: 51

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

Residence Address Street or R.R.: 342 Meadow Dr Apt 3 City: Danville County: State: In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 1983

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jeffrey 16 yrs
   Richard Catellier 13 yrs.
6. (a) Full name of applicant's father: Fred Kady
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Plainfield, In.
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Betty Jean Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Plainfield, In.
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

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

Signature of Applicant: Julia Catellier 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Julia Catellier
New Address SAME

Subscribed and sworn to before me this 9th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

Signed _____ Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 560

HENDRICKS County

File

10-9-92
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 9-6-92
Name of Physician K. Oldham, M.D.

MALE APPLICANT

Name: First Donald Middle Ray Last Robinson

Date of Birth: Month 7 Day 20 Year 47

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

Residence Address: Street or R.R. 2119 N. Elizabeth #106 City Indpls. County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Donald R Robinson 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Donald R Robinson
New Address 10050 Medallion Dr Indpls IN 46231

Subscribed and sworn to before me this 9th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle — Last Davis

Date of Birth: Month 6 Day 6 Year 50

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

Residence Address: Street or R.R. 10050 Medallion Dr. City Indpls. County State In. 46231

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1979

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Susan Davis 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Susan Davis
New Address SAME

Subscribed and sworn to before me this 9th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-9-92 *, authorizing the marriage of* DONALD RAY ROBINSON *and* SUSAN DAVIS *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* 11-7-92 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DONALD RAY ROBINSON *of* MARION *County* IN *(state), and* SUSAN DAVIS *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* 10-9-92 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 561

File

10-9-92
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 9-29-92
Name of Physician L. Endres, R.N.

MALE APPLICANT

Name First Tommy Middle Ray Last Casey Jr.
Date of Birth Month 2 Day 21 Year 68
Place of Birth (State or foreign country) Springfield Tenn.
Residence Address Street or R.R. R.R. 1 Box 417 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tommy Casey Jr.
New Address _____
Subscribed and sworn to before me this 9th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Kimberly Middle Jo Last Allen
Date of Birth Month 4 Day 9 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. R.R. 1 Box 417 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children
   Kara Suze Casey 2 yrs
   Jacob Ray Casey 3 mo.
6. (a) Full name of applicant's father Alexander R. Allen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Jo Parrish
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kim Allen
New Address _____
Subscribed and sworn to before me this 9th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-9-92 *, authorizing the marriage of* TOMMY RAY CASEY *and* KIMBERLY JO ALLEN *. I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE PURNELL *(name), certify that on* OCTOBER 10, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TOMMY RAY CASEY *of* HENDRICKS *County* IN *(state), and* KIMBERLY JO ALLEN *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* 10-9-92 *. Signed by:* /s/ REV. GEORGE PURNELL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-14-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 562

HENDRICKS County

File

10-9-92
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 W. R. Macy, M.D.

MALE APPLICANT

Name: First Steven Middle Edward Last Bundy

Date of Birth: Month 1 Day 16 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. P.O. Box 68 City Amo County Hendricks State Indiana 46103

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Steven E Bundy
New Address Same as Above
Subscribed and sworn to before me this 9 day of October, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Glenda Middle Jo Last Runnells

Date of Birth: Month 5 Day 31 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. P.O. Box 55 City Borchdale County Hendricks State Indiana 46172

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991

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

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Glenda Jo Runnells
New Address P.O. Box 68, Amo, Indiana 46103
Subscribed and sworn to before me this 9 day of October, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-9-92 *, authorizing the marriage of* STEVEN EDWARD BUNDY *and* GLENDA JO RUNNELLS *. I further certify that the following marriage certificate was filed in my office: I,* LEONARD W. FREDERICK *(name), certify that on* NOVEMBER 7, 1992 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* STEVEN EDWARD BUNDY *of* HENDRICKS *County* IN *(state), and* GLENDA JO RUNNELLS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-7-92 *. Signed by:* /s/ REV. LEONARD W. FREDERICK *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-23-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 563

File

10.12.92 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 Robert H. Cavin

MALE APPLICANT

Name: First Charles Middle Walter Last Hunter

Date of Birth: Month 8 Day 17 Year 49

Place of Birth (State or foreign country) New York

Residence Address: Street or R.R. 16405 Cypress Mulch Dr. City Tampa County FL State 33624-0000

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-89

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Scott, Spring, Renee & Charles
6. (a) Full name of applicant's father Walter Charles Hunter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Mary Elizabeth Burke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tampa FL
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

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

Signature of Applicant x Charles W. Hunter Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Charles W. Hunter

New Address

Subscribed and sworn to before me this 12 day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

FEMALE APPLICANT

Name: First Victoria Middle Elane Last Ellett

Date of Birth: Month 10 Day 2 Year 47

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 927 Pinewood Dr. City Plfd. County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9.28.89

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

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

ACKNOWLEDGMENT

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

Signature of Applicant x Victoria E. Ellett Date 10/12/92

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

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Victoria E. Ellett

New Address

Subscribed and sworn to before me this 12 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS)

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-12-92 *, authorizing the marriage of* CHARLES WALTER HUNTER *and* VICTORIA ELANE ELLETT *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* OCTOBER 12, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHARLES WALTER HUNTER *of* HILLSBOROUGH *County* FLORIDA *(state), and* VICTORIA ELANE ELLETT *of* HENDRICKS *County* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-12-92 *. 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* 10-12-92 *(date).*

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 564

HENDRICKS County

File

10-14-92
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 Brownsburg Clinic

MALE APPLICANT

Name: First Jeffery Middle allen Last Hunt
Date of Birth: Month 1 Day 21 Year 70
Place of Birth (State or foreign country): Danville In Hendricks In
Residence Address: Street or R.R. 245 N. adams City B'Burg County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) dr Lee

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jeffery A. Hunt
New Address 245 N. ADAMS B'BURG, IN 46112
Subscribed and sworn to before me this 14 day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jeanne Middle ann Last Deckard
Date of Birth: Month 1 Day 5 Year 69
Place of Birth (State or foreign country): Indpls Ind.
Residence Address: Street or R.R. 245 n adams City B'Burg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jeanne A. Deckard
New Address 245 N. Adams St. B'burg IN 46112
Subscribed and sworn to before me this 14 day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-14-92 *, authorizing the marriage of* JEFFERY ALLEN HUNT *and* JEANNE ANN DECKARD *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* OCTOBER 24, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFERY ALLEN HUNT *of* HENDRICKS *County* IN *(state), and* JEANNE ANN DECKARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-92 *. Signed by:* /s/ S. V. STILES, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-27-92 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 565

HENDRICKS County

File

10-14-92
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 9-17-92
Name of Physician R. Stegemoller M.D.

MALE APPLICANT

Name: First David Middle Warren Last Neal

Date of Birth: Month 1 Day 4 Year 69

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

Residence Address: Street or R.R. 7718 Island Club Dr apt J City Indpls. County State In.

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) Dr. Lic.

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

ACKNOWLEDGMENT

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

Signature of Applicant David W. Neal 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 _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed same
New Address David W. Neal

Subscribed and sworn to before me this 14th day of Oct, 19 92

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Glenda Middle May Last Pierce

Date of Birth: Month 8 Day 30 Year 72

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

Residence Address: Street or R.R. Rt 1 Box 85 City Crawfordsville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Glenda M. Pierce 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 _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed Glenda M. Pierce
New Address 7718 Island Club Dr. Apt J. Indpls.

Subscribed and sworn to before me this 14th day of Oct, 19 92

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-14-92 *, authorizing the marriage of* DAVID WARREN NEAL *and* GLENDA MAY PIERCE *. I further certify that the following marriage certificate was filed in my office: I,* REV. RANDY J. WARDWELL, JR. *(name), certify that on* OCTOBER 18, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID WARREN NEAL *of* MARION *County* IN *(state), and* GLENDA MAY PIERCE *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* 10-14-92 *. Signed by:* /s/ REV. RANDY J. WARDWELL, JR. *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 566

HENDRICKS County

File

10-15-92
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 Larry Lovell, M.D.

MALE APPLICANT

Name: First William Middle Jeffrey Last Wessel

Date of Birth: Month 2 Day 26 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5864 Ridge Hill Way City Plainfield County Hendricks State Indiana

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991

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

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

6. (a) Full name of applicant's father Mark C. Wessel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rita L. Patton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

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

Signature of Applicant x William Jeffrey Wessel 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x William Jeffrey Wessel

New Address Same as Above

Subscribed and sworn to before me this 15 day of October, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Andrea Middle Fern Last Markley

Date of Birth: Month 7 Day 27 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5864 Ridge Hill Way City Plainfield County Hendricks State Indiana

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1989

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

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

6. (a) Full name of applicant's father Harvey O. Markley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Irene V. Gillmore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Massachusetts

ACKNOWLEDGMENT

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

Signature of Applicant x Andrea Fern Markley 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Andrea Fern Markley

New Address Same as Above

Subscribed and sworn to before me this 15 day of October, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-15-92 *, authorizing the marriage of* WILLIAM JEFFREY WESSEL *and* ANDREA FERN MARKLEY *. I further certify that the following marriage certificate was filed in my office: I,* JOEL R. VOGEL *(name), certify that on* OCTOBER 31, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* WILLIAM JEFFREY WESSEL *of* HENDRICKS *County* IN *(state), and* ANDREA FERN MARKLEY *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* 10-15-92 *. Signed by:* /s/ JOEL R. VOGEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-3-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 567

HENDRICKS County

File

10-15-92
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 Follas Labs Inc.

MALE APPLICANT

Name: First Todd Middle D Last Morris

Date of Birth: Month 5 Day 31 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. CR 800 W. 400 N City North Salem County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant T B Morris 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed T B Morris

New Address 8044 w CR 800 N North Salem

Subscribed and sworn to before me this 15th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle L Last Spesard

Date of Birth: Month 6 Day 28 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 17 City Coatesville County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant Jennifer L Spesard 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Jennifer L Spesard

New Address 8044 W CR 800 North North Salem IN 46165

Subscribed and sworn to before me this 15th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-15-92 *, authorizing the marriage of* TODD B. MORRIS *and* JENNIFER L. SPESARD *. I further certify that the following marriage certificate was filed in my office: I,* FRANK BUNN *(name), certify that on* OCTOBER 17, 1992 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* TODD B. MORRIS *of* HENDRICKS *County* IN *(state), and* JENNIFER SPESARD *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* 10-15-92 *. Signed by:* /s/ FRANK BUNN, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10/20/92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 566

HENDRICKS County

File

10-15-92
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 Larry Lovell, M.D.

MALE APPLICANT

Name: First William Middle Jeffrey Last Wessel
Date of Birth: Month 2 Day 26 Year 1951
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5864 Ridge Hill Way City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x William Jeffrey Wessel
New Address Same as Above
Subscribed and sworn to before me this 15 day of October, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Andrea Middle Fern Last Markley
Date of Birth: Month 7 Day 27 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5864 Ridge Hill Way City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Andrea Fern Markley
New Address Same as Above
Subscribed and sworn to before me this 15 day of October, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-15-92 *, authorizing the marriage of* WILLIAM JEFFREY WESSEL *and* ANDREA FERN MARKLEY *. I further certify that the following marriage certificate was filed in my office: I,* JOEL R. VOGEL *(name), certify that on* OCTOBER 31, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* WILLIAM JEFFREY WESSEL *of* HENDRICKS *County* IN *(state), and* ANDREA FERN MARKLEY *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* 10-15-92 *. Signed by:* /s/ JOEL R. VOGEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-3-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 567

File

10-15-92
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 Follas Labs Inc.

MALE APPLICANT

Name: First Todd Middle D Last Morris
Date of Birth: Month 5 Day 31 Year 62
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. CR 800 W. 400 N City North Salem County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

X Signature of Applicant [signature] 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed [signature]
New Address 8044 W CR 800N North Salem
Subscribed and sworn to before me this 15th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Jennifer Middle L Last Spesard
Date of Birth: Month 6 Day 28 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR1 Box 17 City Coatesville County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

X Signature of Applicant Jennifer L Spesard 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Jennifer L Spesard
New Address 8044 W CR 800 North North Salem IN 46165
Subscribed and sworn to before me this 15th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-15-92 *, authorizing the marriage of* TODD B. MORRIS *and* JENNIFER L. SPESARD *. I further certify that the following marriage certificate was filed in my office: I,* FRANK BUNN *(name), certify that on* OCTOBER 17, 1992 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* TODD B. MORRIS *of* HENDRICKS *County* IN *(state), and* JENNIFER SPESARD *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* 10-15-92 *. Signed by:* /s/ FRANK BUNN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10/20/92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 568

HENDRICKS County

File

10-15-92
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 10-15-92
Name of Physician William Jones, M.D.

MALE APPLICANT

Name: First James Middle Owen Last Earles

Date of Birth: Month 4 Day 11 Year 1950

Place of Birth (State or foreign country): Cincinnati Ohio

Residence Address: Street or R.R. 1369 Buckeye Rd. City Mooresville County In State

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant James O Earles Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed James O Earles
New Address Ft. Lauderdale

Subscribed and sworn to before me this 15th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Glenda Middle Joyce Last Ayers

Date of Birth: Month 6 Day 15 Year 51

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

Residence Address: Street or R.R. 1369 Buckeye Rd. City Mooresville County In State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Heidi Sweisher 14 yrs
   Shaina Sweisher 7 yrs.
   Kimberly Sweisher 6 yrs.
6. (a) Full name of applicant's father Russell D. Ayers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gladys Marie Harman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant Glenda Ayers Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed Glenda Ayers
New Address Same*

Subscribed and sworn to before me this 15th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-15-92 *, authorizing the marriage of* JAMES OWEN EARLES *and* GLENDA JOYCE AYERS *. I further certify that the following marriage certificate was filed in my office: I,* R. BRADLEY MILLER *(name), certify that on* OCTOBER 24, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAMES OWEN EARLES *of* HENDRICKS *County* IN *(state), and* GLENDA JOYCE AYERS *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* 10-15-92 *. Signed by:* /s/ R. BRADLEY MILLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-27-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 569

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 ☐
If No, Medical Examination or Report Dated 10-14-92
Name of Physician Marilyn Rausch, M.D.

MALE APPLICANT

Name: First Gregory Middle Brent Last Eccles

Date of Birth: Month 9 Day 28 Year 60

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

Residence Address: Street or R.R. 1007 Hess St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Charles Franklin Eccles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nyla June Chamberlain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Beth Middle Ann Last Sakaguchi

Date of Birth: Month 8 Day 1 Year 69

Place of Birth (State or foreign country) Kouf, Indiana

Residence Address: Street or R.R. 212 Wayside Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Ben Sakaguchi
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Judson, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Lara Spoor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Judson, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Gregory Brent Eccles Date 10-16-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Gregory Brent Eccles

New Address 212 Wayside Dr Plainfield In

Subscribed and sworn to before me this 16th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Beth Ann Sakaguchi Date 10/16/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Beth Ann Sakaguchi

New Address same

Subscribed and sworn to before me this 16th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-92 *, authorizing the marriage of* GREGORY BRENT ECCLES *and* BETH ANN SAKAGUCHI *. I further certify that the following marriage certificate was filed in my office: I,* REV. TIMOTHY A. ENGEL *(name), certify that on* OCTOBER 17, 1992 *(date), at* NORTH JUDSON *in* STARKE *County, Indiana,* GREGORY BRENT ECCLES *of* HENDRICKS *County* IN *(state), and* BETH ANN SAKAGUCHI *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* 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 570

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 ☐
If No, Medical Examination or Report Dated 10-16-92
Name of Physician Dr Clark

MALE APPLICANT

Name: First Raymond Middle E. Last Wooden

Date of Birth: Month 11 Day 18 Year 55

Place of Birth (State or foreign country) Boone County - Ind.

Residence Address: Street or R.R. 11505 W 21st St. City Indpls County Hend. State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Dustin Ray 11 yrs
   Brandy Rachell, 4 yrs.
6. (a) Full name of applicant's father Raymond C Wooden Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 7605 E. 800 N. Brownstown
   Birthplace of father (State or foreign country) Marion Co Indiana
   (b) Full maiden name of applicant's mother Helga Schwarzlose (geschwarz)
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same as father
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Raymond C Wooden 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed ☒ Raymond C Wooden
New Address 116 N Rd 300 E Danville Ind.

Subscribed and sworn to before me this 16th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Lynda Middle A Last Evans

Date of Birth: Month 10 Day 16 Year 59

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

Residence Address: Street or R.R. 116 Old 300 E. City Danville County Hend. State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. John Brock 13 yrs.
   Jessica Nicole 12 yrs. Isaac Jay 10 yrs
6. (a) Full name of applicant's father John M. Bell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 9021 S. Sawder Indpls.
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Merlene Barnes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same as father -
   Birthplace of mother (State or foreign country) Hesa Mississippi

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Lynda A. Evans Date 10/16/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed ☒ Lynda A. Evans
New Address same

Subscribed and sworn to before me this 16th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-92 *, authorizing the marriage of* RAYMOND E. WOODEN *and* LYNDA A. EVANS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* OCTOBER 16, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RAYMOND E. WOODEN *of* HENDRICKS *County* IN *(state), and* LYNDA A. EVANS *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* 10-16-92 *. 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* 10-19-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 571

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 ☐
If No, Medical Examination or Report Dated 10-12-92
Name of Physician A. Yeager, M.D.

MALE APPLICANT

Name First Edward Middle Lewis Last Grimes
Date of Birth Month 10 Day 5 Year 62
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. 317 Meadow Dr., City Plainfield, County, State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Edward L Grimes Date 10/16/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Edward L Grimes
New Address 317 Meadow Dr Plainfield IN 46168
Subscribed and sworn to before me this 16th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Tamara Middle Jay Last Keeton
Date of Birth Month 6 Day 22 Year 72
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 9517 N. Green St. City Brinsley County State In.
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)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tamara Keeton Date 10/16/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tamara Keeton
New Address 317 Meadow Dr Plainfield IN
Subscribed and sworn to before me this 16th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-92 *, authorizing the marriage of* EDWARD LEWIS GRIMES *and* TAMARA JAY KEETON *. I further certify that the following marriage certificate was filed in my office: I,* KEITH H. KIRK *(name), certify that on* OCTOBER 23, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* EDWARD LEWIS GRIMES *of* HENDRICKS *County* IN *(state), and* TAMARA JAY KEETON *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* 10-16-92 *. Signed by:* /s/ KEITH H. KIRK *,* FRIENDS MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 512

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 ☐
If No, Medical Examination or Report Dated
Name of Physician William Edwards, M.D.

MALE APPLICANT

Name: First Wayne Middle Scott Last Roller

Date of Birth: Month 10 Day 14 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 144 Gordon Dr. City Plainfield County Hendricks State Indiana 46168

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Mason R. Roller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Virginia A. Burdine
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant x Wayne S. Roller Date 10-16-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Wayne S. Roller

New Address Same as above

Subscribed and sworn to before me this 16 day of October, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Tamara Middle Leigh Last DeMott

Date of Birth: Month 6 Day 15 Year 1972

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 144 Gordon Dr. City Plainfield County Hendricks State Indiana 46168

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Ernest F. DeMott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Quincy L. Neil
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant x Tami DeMott Date 10-16-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Tami DeMott

New Address Same as above

Subscribed and sworn to before me this 16 day of October, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-92 *, authorizing the marriage of* WAYNE SCOTT ROLLER *and* TAMARA LEIGH DEMOTT *. I further certify that the following marriage certificate was filed in my office: I,* J. BRADLEY HORNER *(name), certify that on* OCTOBER 24, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WAYNE SCOTT ROLLER *of* HENDRICKS *County* IN *(state), and* TAMARA LEIGH DEMOTT *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* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 523

HENDRICKS County

File

10-19-92
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 10-15-92
Name of Physician Dr Poe

MALE APPLICANT

Name: Brett (First) Michael (Middle) Smith (Last)
Date of Birth: November (Month) 30 (Day) 1966 (Year)
Place of Birth (State or foreign country): Louisiana
Residence Address: 102 N Indiana St (Street or R.R.) Danville (City) Hendricks (County) In (State)
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

X Signature of Applicant [signature] Date 19OCT92

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed [signature]
New Address SAME

Subscribed and sworn to before me this 19 day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: Dina (First) Lynn (Middle) Shepard (Last)
Date of Birth: July (Month) 19 (Day) 1970 (Year)
Place of Birth (State or foreign country): Illinois
Residence Address: 102 N Indiana St (Street or R.R.) Danville (City) Hendricks (County) In (State)
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Courtney Brooke Adams 1½ yrs
6. (a) Full name of applicant's father: Robert Edward Shepard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Illinois
   Birthplace of father (State or foreign country): Illinois
   (b) Full maiden name of applicant's mother: Dixie Lu Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

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

X Signature of Applicant Dina L. Shepard Date 19OCT92

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Dina L. Shepard
New Address same

Subscribed and sworn to before me this 19 day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-19-92 *, authorizing the marriage of* BRETT MICHAEL SMITH *and* DINA LYNN SHEPARD *. I further certify that the following marriage certificate was filed in my office: I,* DAVID H. COLEMAN *(name), certify that on* OCTOBER 19, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRETT MICHAEL SMITH *of* HENDRICKS *County* IN *(state), and* DINA LYNN SHEPARD *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* 10-19-92 *. Signed by:* /s/ DAVID H. COLEMAN *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 574

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 circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 9-9-92
Name of Physician Robert Hedden, M.D.

MALE APPLICANT

Name: First Danny Middle Ray Last Trivett

Date of Birth: Month 1 Day 20 Year 69

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. RR 1 Box 476 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Daniel Victor Trivett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Elaine Wood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Reelesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Danny R. Trivett 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Danny R. Trivett
New Address PO Box 252 Coatesville

Subscribed and sworn to before me this 20th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Jo Last Bartee

Date of Birth: Month 10 Day 21 Year 71

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

Residence Address: Street or R.R. RR 1 Box 140B City Coatesville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Byron Henry Bartee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Connie Jo Jamison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Rebecca Jo Bartee 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Rebecca Jo Bartee
New Address PO Box 252 Coatesville, IN 46121

Subscribed and sworn to before me this 20th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-92 *, authorizing the marriage of* DANNY RAY TRIVETT *and* REBECCA JO BARTEE *. I further certify that the following marriage certificate was filed in my office: I,* JOHN W. McKAY *(name), certify that on* NOVEMBER 13, 1992 *(date), at* FILLMORE *in* PUTNAM *County, Indiana,* DANNY RAY TRIVETT *of* HENDRICKS *County* IN *(state), and* REBECCA JO BARTEE *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* 10-20-92 *. Signed by:* /s/ REV. JOHN McKAY, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-17-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 575

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 circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10-19-92
Name of Physician G. Harris

MALE APPLICANT

Name: First Richard Middle Worley Last Miller

Date of Birth: Month 8 Day 22 Year 43

Place of Birth (State or foreign country) Bargersville In.

Residence Address: Street or R.R. 10929 W. Rockville Rd. City Indpls. County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987

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

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

6. (a) Full name of applicant's father Carl Jasper Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Leora Lynch Yount
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Richard W Miller 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Richard W Miller

New Address Same

Subscribed and sworn to before me this 20th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Arlene Middle Mae Last Parsley

Date of Birth: Month 5 Day 22 Year 49

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

Residence Address: Street or R.R. 10929 W. Rockville Rd. City Indpls. County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Jason Parsley 16 yrs.

6. (a) Full name of applicant's father Murray Andrew McCoee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy McLelland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Utah

ACKNOWLEDGMENT

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

Signature of Applicant Arlene Parsley 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Arlene Parsley

New Address Same

Subscribed and sworn to before me this 20th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-92 *, authorizing the marriage of* RICHARD WORLEY MILLER *and* ARLENE MAE PARSLEY *. I further certify that the following marriage certificate was filed in my office: I,* JOHN P. ROOF *(name), certify that on* OCTOBER 24, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICHARD WORLEY MILLER *of* HENDRICKS *County* IN *(state), and* ARLENE MAE PARSLEY *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* 10-20-92 *. Signed by:* /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-92 *(date).*

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 576

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 circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

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

MALE APPLICANT

Name: First Charles Middle Fredrick Last Cox

Date of Birth: Month 4 Day 1 Year 26

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 720 Kirkwood Dr. City Greencastle County State IN

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9.88

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

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

6. (a) Full name of applicant's father Fred Arnold Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Matilda Belle Cope
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Charles F Cox Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Charles F. Cox
New Address 720 Kirkwood Dr. Greencastle

Subscribed and sworn to before me this 20 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Emily Middle Rebekah Last Cox

Date of Birth: Month 3 Day 6 Year 33

Place of Birth (State or foreign country) S. Carolina

Residence Address: Street or R.R. 1313 W. Main St. City Danville County State IN

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9.88

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

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

6. (a) Full name of applicant's father Matthew Thomas Sloan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) S. Carolina
   (b) Full maiden name of applicant's mother Katie Maxwell Estes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) S. Carolina

ACKNOWLEDGMENT

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

Signature of Applicant X Emily R. Cox 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

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Emily R. Cox
New Address

Subscribed and sworn to before me this 20 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-92 *, authorizing the marriage of* CHARLES F. COX *and* EMILY R. COX *. I further certify that the following marriage certificate was filed in my office: I,* MARY LEE COMER *(name), certify that on* OCTOBER 20, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHARLES F. COX *of* PUTNAM *County* IN *(state), and* EMILY R. SLOAN COX *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* 10-20-92 *. Signed by:* /s/ MARY LEE COMER *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-21-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 577

File

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 ☐
If No, Medical Examination or Report Dated 10-21-92
Name of Physician S. Neeger, D.O.

MALE APPLICANT

Name: First Don Middle Christopher Last Kord

Date of Birth: Month 7 Day 23 Year 61

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

Residence Address: Street or R.R. 3428 N Georgetown Rd. City Indpls. County State In. 46224

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

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

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

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

6. (a) Full name of applicant's father Don Richard Kord
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Ann Botscheller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Don C. Kord Date 10/21/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Don C. Kord
New Address 14 Glenda Dr. Plainfield

Subscribed and sworn to before me this 21st day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Anne-Marie Middle Christine Last Rutan

Date of Birth: Month 12 Day 2 Year 72

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

Residence Address: Street or R.R. 14 Glenda Dr. City Plainfield County State In.

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)

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

6. (a) Full name of applicant's father James Frederick Rutan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deborah Ann Fincher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Anne Marie C. Rutan Date 10/21/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Anne Marie C. Rutan
New Address 14 Glenda Dr. Plainfield

Subscribed and sworn to before me this 21st day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-21-92 *, authorizing the marriage of* DON CHRISTOPHER KORD *and* ANNE MARIE CHRISTINE RUTAN *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* OCTOBER 21, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DON CHRISTOPHER KORK *of* MARION *County* IN *(state), and* ANNE MARIE CHRISTINE RUTAN *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* 10-21-92 *. 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* 10-21-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 578

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated 10-12-92
Name of Physician Linda Walnum D.O.

MALE APPLICANT

Name: First Michael Middle Christopher Last Tierney
Date of Birth: Month 10 Day 30 Year 67
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 216 1/2 N. East St. City Plainfield County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Timothy Michael Tierney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Kay Metts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lizton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✓ Michael Tierney Date 10-21-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✓ Michael Tierney
New Address SAME
Subscribed and sworn to before me this 21st day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Jo Last Drew
Date of Birth: Month 11 Day 26 Year 68
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 216 1/2 N. East St. City Plainfield County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Thomas Drew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Roseanne Lukens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amy J. Drew Date 10-21-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Amy J. Drew
New Address same
Subscribed and sworn to before me this 21st day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-21-92 *, authorizing the marriage of* MICHAEL CHRISTOPOHER TIERNEY *and* AMY JO DREW *. I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE PURNELL *(name), certify that on* NOVEMBER 14, 1992 *(date), at* PIPTTSBORO *in* HENDRICKS *County, Indiana,* MICHAEL CHRISTOPHER TIERNEY *of* HENDRICKS *County* IN *(state), and* AMY JO DREW *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* 10-21-92 *. Signed by:* /s/ REV. GEORGE PURNELL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-17-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 579

HENDRICKS County

File

10-22-92
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 ☐
If No, Medical Examination or Report Dated 10-14-92
Name of Physician Mary L. Black, M.T.

MALE APPLICANT

Name First: Scott Middle: Patrick Last: Estes
Date of Birth Month: 2 Day: 15 Year: 65
Place of Birth (State or foreign country): Beech Grove, In.
Residence Address Street or R.R.: 814 Lodge Dr. City: Indpls. County: Indpls. State: In. 46231
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Jimmie Wayne Estes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Plainfield, In.
   Birthplace of father (State or foreign country): Ky.
   (b) Full maiden name of applicant's mother: Lena Faye Deaton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Plainfield, In.
   Birthplace of mother (State or foreign country): Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Scott P. Estes Date: 10-22-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: Scott P. Estes
New Address: 4202 S. Gerard DR, INDPLS., IN
Subscribed and sworn to before me this 22nd day of Oct., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Julie Middle: Anna Last: Briggs
Date of Birth Month: 8 Day: 26 Year: 68
Place of Birth (State or foreign country): Bowling Green, Oh.
Residence Address Street or R.R.: 4202 S. Gerard City: Indpls. County: Indpls. State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: John Allan Briggs
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Rensselaer, In.
   Birthplace of father (State or foreign country): New York
   (b) Full maiden name of applicant's mother: Betty Lou Cunningham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Rensselaer, In.
   Birthplace of mother (State or foreign country): Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Julie A. Briggs Date: 10/22/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: Julie A. Briggs
New Address: same
Subscribed and sworn to before me this 22nd day of Oct., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-22-92 *, authorizing the marriage of* SCOTT PATRICK ESTES *and* JULIE ANNA BRIGGS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* OCTOBER 22, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SCOTT PATRICK ESTES *of* HENDRICKS *County* IN *(state), and* JULIE ANNA BRIGGS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-22-92 *. 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* 10-22-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 580

HENDRICKS County

File

10-22-92
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 ☐
If No, Medical Examination or Report Dated 10-20-92
Name of Physician D. K. Widdifield, M.D.

MALE APPLICANT

Name: First Charles Middle Edward Last Brown
Date of Birth: Month 4 Day 6 Year 69
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. Rt #1 Box 339 City Clayton County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Ashley Dawn Brown 4yrs.
   Kyley Danielle Brown 17 mos.
6. (a) Full name of applicant's father Carl Ray Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In
   Birthplace of father (State or foreign country) Clayton, In. Ky
   (b) Full maiden name of applicant's mother Sara Frances Wainscott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Charles E. Brown Date 10-22-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Charles E. Brown
New Address RR1 Box 339 CLAYTON, IN.
Subscribed and sworn to before me this 22nd day of Oct., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Leann Middle Marie Last Ladigo
Date of Birth: Month 11 Day 3 Year 68
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. R#1 Box 339 City Clayton County State In.
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) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Bert Ladigo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Huntsville, Ala.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dina Marie Pierpont
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leann M. Ladigo Date 10/22/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Leann M. Ladigo
New Address Same
Subscribed and sworn to before me this 22nd day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-22-92 *, authorizing the marriage of* CHARLES EDWARD BROWN *and* LEANN MARIE LADIGO *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* OCTOBER 22, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHARLES EDWARD BROWN *of* HENDRICKS *County* IN *(state), and* LEANN M. LADIGO *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* 10-22-92 *. 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* 10-22-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 581

File

10-23-92
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 10-7-92
Name of Physician ? Family Medical Center

MALE APPLICANT

Name: First Thomas Middle Joseph Last Steinmetz
Date of Birth: Month 3 Day 26 Year 71
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 5533 Portsmouth Ave. City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Thomas Joseph Steinmetz, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Ann Shaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Thomas J. Steinmetz Date 10-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Thomas J. Steinmetz
New Address 54 Mill
Subscribed and sworn to before me this 23rd day of Oct, 1992
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Leslie Middle Raxea Last Neal
Date of Birth: Month 4 Day 15 Year 73
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 86 N Rd 450 E City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brittane Raxea Neal 10 mo.
6. (a) Full name of applicant's father John Leslie Neal
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Kay Bettis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leslie Neal Date 10-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Leslie Neal
New Address 5533 Portsmouth Ave
Subscribed and sworn to before me this 23rd day of Oct. 1992
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-23-92 *, authorizing the marriage of* THOMAS J. STEINMETZ *and* LESLIE R. NEAL *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* OCTOBER 23, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS J. STEINMETZ *of* MARION *County* IN *(state), and* LESLIE R. NEAL *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* 10-23-92 *.*
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 10-23-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 582

HENDRICKS County

File

10-23-92 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 Wm. Millikan

MALE APPLICANT

Name: First Raymond Middle Eugene Last Maines

Date of Birth: Month 3 Day 9 Year 52

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 916 N. Brishald Rd. City Indpls County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-87

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Leslie Maines
6. (a) Full name of applicant's father George Elmer Maines
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Betty Lloyd Ronbadeaux
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Raymond E Maines Date 10/23/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Raymond E Maines

New Address _____

Subscribed and sworn to before me this 23 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jenny Middle Lynn Last Thomas

Date of Birth: Month 7 Day 9 Year 56

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 916 N. Brishald Rd City Indpls. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Bernard Leslie Pendleton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Catherine Marie Mathis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jenny L Thomas Date 10-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jenny L Thomas

New Address _____

Subscribed and sworn to before me this 23 day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* OCTOBER 23, 1992 *, authorizing the marriage of* RAYMOND EUGENE MAINES *and* JENNY LYNN THOMAS *. I further certify that the following marriage certificate was filed in my office: I,* MARY DAY MILLER *(name), certify that on* OCTOBER 31, 1992 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* RAYMOND EUGENE MAINES *of* HENDRICKS *County* IN *(state), and* JENNY LYNN THOMAS *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* 10-23-92 *. Signed by:* /s/ MARY DAY MILLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-5-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 583

File

10.23.92
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 Dr. Tesar Crawfordsville

MALE APPLICANT

Name: First David Middle Wayne Last Wagle

Date of Birth: Month 12 Day 21 Year 68

Place of Birth (State or foreign country) IN

Residence Address: PSC Box 1713 Dorm 328 Street or R.R. Grissom AFB City Peru County IN State 46971

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Dallas Wayne Wagle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Patty L. Weyant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Las Vegas Nevada
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X David Wayne Wagle Date 23 Oct 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X David Wayne Wagle
New Address 1608 Norton St. Grissom AFB

Subscribed and sworn to before me this 23 day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tamara Middle Ann Last South

Date of Birth: Month 4 Day 11 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Box 207 Street or R.R. Amo City _____ County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father William H. South
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Prattville, Al
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jacqueline J. Brush
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Purdy MO
   Birthplace of mother (State or foreign country) S. Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tamara South Date 10-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tamara South
New Address _____

Subscribed and sworn to before me this 23 day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-23-92 *, authorizing the marriage of* DAVID WAYNE WAGLE *and* TAMARA ANN SOUTH *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* OCTOBER 23, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID WAYNE WAGLE *of* MIAMI *County* IN *(state), and* TAMARA ANN SOUTH *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* 10-23-92 *. 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* 10-23-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 584

HENDRICKS County

File

10-26-92 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 10-12-92
Name of Physician J.C. Haggerty, M.D.

MALE APPLICANT

Name: First Randall Middle Lee Last Gardner II

Date of Birth: Month 2 Day 20 Year 72

Place of Birth (State or foreign country): Akron, Oh.

Residence Address: Street or R.R. 11225 N. Washington St. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Randall Lee Gardner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ? Michigan
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Robin Leslie Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Avon, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Randy Gardner Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Randy Gardner
New Address Same

Subscribed and sworn to before me this 26th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Christina Middle Ann Last Bryant

Date of Birth: Month 5 Day 25 Year 58

Place of Birth (State or foreign country): Waverly Iowa

Residence Address: Street or R.R. 11225 N. Washington St. City Indpls. County State In. 46231

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Bobbijlead Bryant 12 yrs. Cody Andrew Bryant 6 yrs. Patrick Allen Bennett 2 yrs
6. (a) Full name of applicant's father Ronald Leroy Munn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pagann Gocke (Rozanne)
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Laguna Niguel, Calif.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christina A. Bryant Date 10-26-92

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Christina A. Bryant
New Address Same

Subscribed and sworn to before me this 26th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-26-92 *, authorizing the marriage of* RANDALL LEE GARDNER II *and* CHRISTINA ANN BRYANT *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* OCTOBER 26, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RANDALL LEE GARDNER II *of* HENDRICKS *County* IN *(state), and* CHRISTINA ANN BRYANT *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* 10-26-92 *. 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* 10-26-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 585

HENDRICKS County

File

10-27-92
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 10-23-92
Name of Physician Dr. Judith Pederson

MALE APPLICANT

Name: First Christopher Middle Martin Last Harris

Date of Birth: Month 4 Day 27 Year 71

Place of Birth (State or foreign country) Anchorage, Alaska

Residence Address: Street or R.R. 5660 E. County Rd. 150N City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Terrence Allen Harris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jessica Ann Knight
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Chr Harris Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Chr Harris

New Address

Subscribed and sworn to before me this 27th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Toni Middle Sue Last Wallace

Date of Birth: Month 10 Day 6 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 5 Tulip Dr., City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Steele Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Ann Chitwood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Toni S Wallace Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Toni S Wallace

New Address

Subscribed and sworn to before me this 27th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-27-92 *, authorizing the marriage of* CHRISTOPHER MARTIN HARRIS *and* TONI SUE WALLACE *. I further certify that the following marriage certificate was filed in my office: I,* ALAN W. HUGHES *(name), certify that on* NOVEMBER 1, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHRISTOPHER MARTIN HARRIS *of* HENDRICKS *County* IN *(state), and* TONI SUE WALLACE *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* 10-27-92 *. Signed by:* /s/ ALAN W. HUGHES *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-5-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 586

HENDRICKS County

File

10-28-92
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 10-19-92
Name of Physician D. Hoggard, M.D.

MALE APPLICANT

Name: First Ryan Middle Joseph Last Stanley
Date of Birth: Month 4 Day 8 Year 71
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 5 Donnelly Dr. City Brownsburg County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ronald Wilson Stanley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rita Lee Grass
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ryan J. Stanley Date 10-28-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Ryan J. Stanley
New Address 3482 Marabou Mills Pl. Indianapolis, IN 46214
Subscribed and sworn to before me this 28th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sherri Middle Lynn Last Parker
Date of Birth: Month 5 Day 31 Year 71
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 927 Gary Dr. City Plainfield County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father George Marvin Parker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gladys Lucille Sheets
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sherri L. Parker Date 10-28-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sherri L. Parker
New Address 3482 Marabou Mills Dr.
Subscribed and sworn to before me this 28th day of Oct, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-28-92 *, authorizing the marriage of* RYAN JOSEPH STANLEY *and* SHERRI LYNN PARKER *. 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 *in* HENDRICKS *County, Indiana,* RYAN JOSEPH STANLEY *of* HENDRICKS *County* IN *(state), and* SHERRI LYNN PARKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-7-92 *. Signed by:* /s/ Stevan W. Ranson *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-12-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 587

HENDRICKS County

File

10-30-92
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 10-14-92
Name of Physician Charles Tripple, M.D.

MALE APPLICANT

Name: First Ricky Middle Wayne Last Parker
Date of Birth: Month 2 Day 9 Year 64
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 927 Gary Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father George Marvy Parker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gladys Lucille Sheets
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ricky W Parker Date 10-30-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ricky W Parker
New Address 302 W. North ST. Plainfield

Subscribed and sworn to before me this 30th day of Oct, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Lee Last Daum
Date of Birth: Month 8 Day 12 Year 68
Place of Birth (State or foreign country) Danville In
Residence Address: Street or R.R. 210 Avon Ave. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Russell Lee Daum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosalee Hutchens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karen L. Daum Date 10-30-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Karen Daum
New Address 302 W North St Plainfield

Subscribed and sworn to before me this 30 day of October, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-30-92 *, authorizing the marriage of* RICKY WAYNE PARKER *and* KAREN LEE DAUM *. I further certify that the following marriage certificate was filed in my office: I,* KEITH H. KIRK *(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 *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* 10-30-92 *. Signed by:* /s/ KEITH H. KIRK *,* FRIENDS MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-17-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 588

File

10-30-92
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 Dr. Black

MALE APPLICANT

Name: First Robert Middle Lee Last Cantor

Date of Birth: Month 7 Day 18 Year 67 age 25

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 4045 Blue Bluff Rd. City Martinsville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Date 9D

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father William Cantor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville IN
   Birthplace of father (State or foreign country) ? KY
   (b) Full maiden name of applicant's mother Alma ?
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville IN
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert Cantor Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert Cantor

New Address

Subscribed and sworn to before me this 30 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Joyce Middle Lynn Last Perry

Date of Birth: Month 6 Day 5 Year 60 age 32

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 412 Parke Dr. City Plfd. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Samuel Perry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Claudette Olds
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Joyce L Perry Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Joyce L Perry

New Address

Subscribed and sworn to before me this 30 day of Oct., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-30-92 *, authorizing the marriage of* ROBERT LEE CANTOR *and* JOYCE LYNN PERRY *. 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 *in* MARION *County, Indiana,* ROBERT LEE CANTOR *of* MORGAN *County* IN *(state), and* JOYCE LYNN PERRY *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* 10-30-92 *. Signed by:* /s/ RUDOLPH G. LEE *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-8-92 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 589

File

11-2-92
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Charles Tripple

MALE APPLICANT

Name: First Donald Middle Ray Last Perry, Jr.
Date of Birth: Month 7 Day 21 Year 67
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 269 N. Mill City Plainfield County Hen State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Ray Perry Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Madison, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Anne Trent
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donald R Perry II Date 11-02-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Donald R Perry II
New Address SAME
Subscribed and sworn to before me this 2nd day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Leah Middle Michele Last Thomas
Date of Birth: Month 3 Day 4 Year 71
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. Rt 1 Box 67 City Clayton County Hen State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Paul Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Iris Jean Lacy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leah M. Thomas Date 11-2-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Leah M. Thomas
New Address 269 N. Mill St Plainfield, In
Subscribed and sworn to before me this 2nd day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-6-92 *, authorizing the marriage of* DONALD RAY PERRY, JR. *and* LEAH MICHELE THOMAS *. I further certify that the following marriage certificate was filed in my office: I,* JOHNIE P. EDWARDS *(name), certify that on* NOVEMBER 14, 1992 *(date), at* BELLEVILLE *in* HENDRICKS *County, Indiana,* _____ DONALD RAY PERRY, JR. *of* HENDRICKS *County* IN *(state), and* _____ LEAH MICHELE THOMAS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-6-92 *. Signed by:* /s/ JOHNIE P. EDWARDS *,* EVANGELIST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-18-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 590

HENDRICKS County

File

11-2-92
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 ☐
If No, Medical Examination or Report Dated 10-22-92
Name of Physician Dr. Collicutt, M.D.

MALE APPLICANT

Name: First Andrew Middle L. Last Roseboom

Date of Birth: Month 7 Day 23 Year 53

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. 3209 Avon Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Jacob Roseboom 10 yrs.
   Joshua Roseboom 8 yrs.
6. (a) Full name of applicant's father Curtis Wayne Roseboom
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kankakee, Ill.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Joan Venable
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Avon In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Andrew L Roseboom Date 11-2-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Andrew L Roseboom

New Address same

Subscribed and sworn to before me this 2nd day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shari Middle Ann Last Jensen

Date of Birth: Month 12 Day 30 Year 64

Place of Birth (State or foreign country) Honolulu, Hawaii

Residence Address: Street or R.R. 3209 Avon Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
   (a) Full name of applicant's father Russell A. Jensen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Verena Annan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) New Zealand

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Shari A. Jensen Date 11-2-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Shari A. Jensen

New Address same

Subscribed and sworn to before me this 2nd day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-2-92 *, authorizing the marriage of* ANDREW L. ROSEBOOM *and* SHARI ANN JENSEN *. I further certify that the following marriage certificate was filed in my office: I,* JAMES A. McKINNEY *(name), certify that on* NOVEMBER 14, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ANDREW L. ROSEBOOM *of* HENDRICKS *County* IN *(state), and* SHARI ANN JENSEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-2-92 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 591

HENDRICKS County

File

11-2-92 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 ☐
If No, Medical Examination or Report Dated 10-19-92
Name of Physician C. Wells, M.D.

MALE APPLICANT

Name: First Cory Middle James Last Rodney

Date of Birth: Month 7 Day 28 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 671 Redfox Ct S. City Greenwood County State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Michael Ellis Rodney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marylou Nicholson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cory J. Rodney Date 11-2-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cory J. Rodney

New Address 164 Tracy Ridge Blvd., New Whiteland IN 46184

Subscribed and sworn to before me this 2nd day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Bobbette Middle Lynn Last Lytle

Date of Birth: Month 7 Day 13 Year 73

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 14 N Rd 300 E City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Keith Lytle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Shard Colleen Tucker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Bobbette L. Lytle Date 11/2/92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Bobbette L. Lytle

New Address 164 Tracy Ridge Blvd, New Whiteland, IN 46184

Subscribed and sworn to before me this 2nd day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-2-92 *, authorizing the marriage of* CORY JAMES RODNEY *and* BOBBETTE LYNN LYTLE *. I further certify that the following marriage certificate was filed in my office: I,* ANDY SCHROEDER *(name), certify that on* NOVEMBER 28, 1992 *(date), at* AVON *in* HENDRICKS *County, Indiana,* CORY JAMES RODNEY *of* JOHNSON *County* IN *(state), and* BOBBETTE LYNN LYTLE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-2-92 *. Signed by:* /s/ ANDY M. SCHROEDER YOUTH MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-1-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 592

HENDRICKS County

File

11-4-92
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 11-3-92
Name of Physician D. Doggard M.D.

MALE APPLICANT

Name: First Steven Middle Leonard Last Melton
Date of Birth: Month 1 Day 12 Year 66
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R.R. RT Box 379 City Clayton County, State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992 1984
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Glen Edwin Melton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Christine Lodema Brock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steven L Melton Date 11-4-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Steven L Melton
New Address Same
Subscribed and sworn to before me this 4th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Penny Middle Jeanne Last Settles
Date of Birth: Month 7 Day 25 Year 71
Place of Birth (State or foreign country): Danville In.
Residence Address: Street or R.R. RR 1 Box 379 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Keith Lyle Settles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Jean Ogle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Penny J Settles Date 11-4-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Penny J Settles
New Address Same
Subscribed and sworn to before me this 4th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-4-92 *, authorizing the marriage of* STEVEN LEONARD MELTON *and* PENNY JEANNE SETTLES *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* NOVEMBER 4, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEVEN LEONARD MELTON *of* HENDRICKS *County* IN *(state), and* PENNY JEANNE SETTLES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-4-92 *. 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* 11-5-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 593

File

11-4-92
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 10-21-92
Name of Physician Kenneth Gray, M.D.

MALE APPLICANT

Name: First Elroy Middle Wayne Last Kauffman II

Date of Birth: Month 5 Day 13 Year 59

Place of Birth (State or foreign country) Harrisonburg Va.

Residence Address: Street or R.R. Rt 1 Box 286 18 City Clayton County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Elroy Wayne Kauffman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Harrisonburg, Va.
   Birthplace of father (State or foreign country) Oregon
   (b) Full maiden name of applicant's mother Miriam Kuhns
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Harrisonburg Va.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant E. Wayne Kauffman II Date 11/4/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed E. Wayne Kauffman II

New Address Same 4th

Subscribed and sworn to before me this 4th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Marie Last Johnson

Date of Birth: Month 9 Day 21 Year 60

Place of Birth (State or foreign country) Vincennes, In.

Residence Address: Street or R.R. 3528 Louie Ave. City Indianapolis County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Walter Ronald Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wanda Jean Elliott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karen M Johnson Date 10-4-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Karen M Johnson

New Address Rt 1 Box 286 18 Clayton In

Subscribed and sworn to before me this 4th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-4-92 *, authorizing the marriage of* ELROY WAYNE KAUFFMAN, II *and* KAREN MARIE JOHNSON *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN BEATTY *(name), certify that on* NOVEMBER 28, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ELROY WAYNE KAUFFMAN, II *of* HENDRICKS *County* IN *(state), and* KAREN MARIE JOHNSON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-28-92 *. Signed by:* /s/ JOHN C. BEATTY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-3-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 594

HENDRICKS County

File

11-4-92
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 10-27-92
Name of Physician Stephen C. Yeager

MALE APPLICANT

Name: First Jack Middle Joseph Last Allen
Date of Birth: Month 12 Day 25 Year 58
Place of Birth (State or foreign country) Hammond, In.
Residence Address: Street or R.R. 13230 W. Rockville Rd. City Indpls. County ~~Marion~~ State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ~~☒~~ Date 1986
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Gilbert Allen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Helen Sue Lytle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jack J. Allen Date 11-4-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jack J. Allen
New Address Same
Subscribed and sworn to before me this 4 day of 11, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kathy Middle Lee Last Totten
Date of Birth: Month ~~7~~ Day 24 Year 58
Place of Birth (State or foreign country) San Antonio, Tx.
Residence Address: Street or R.R. 13230 W. Rockville Rd #2 City Indpls. County ~~Marion~~ State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Thomas Calloway Helms III
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton In.
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Polly Joyce Childress
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kathy L. Totten 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kathy Lee Totten
New Address Same
Subscribed and sworn to before me this 11 day of 5, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 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 *(name), certify that on* NOVEMBER 7, 1992 *(date), at* AVON *in* HENDRICKS *County, Indiana,* JACK JOSEPH ALLEN *of* HENDRICKS *County* IN *(state), and* KATHY LEE TOTTEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-5-92 *. Signed by:* /s/ the REV. WILLIAM P. HENDRICKS, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-25-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 595

HENDRICKS County

File

11-5-92
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 11-4-92
Name of Physician D. Haggard, M.D.

MALE APPLICANT

Name: First Robert Middle L. Last Means
Date of Birth: Month 9 Day 5 Year 49
Place of Birth (State or foreign country) Charleston W. Va.
Residence Address: Street or R.R. 2411 Bruland Dr. City Indpls. County State In. 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Stephanie Means 8 yrs.
6. (a) Full name of applicant's father Stafford Wesley Means
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Zephyr Hills, Fla.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Mary Elizabeth Elder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Zephyr Hills, Fla.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert L Means 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Robert L Means
New Address 615 Alpha Ave Brownsburg
Subscribed and sworn to before me this 5th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT

We, the p… …ly one parent signs, state facts …

State of In…
County of …
Father …
Mother …
Subscribed … , 19 …
… Clerk

COMPL… …ER OF COURT. A marriage license having been refused to the above named parties, the … Court, by written order issued …
and file… …, authorizes and directs the issuance of a marriage license to the above named parties.

…RRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certif… …issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-5-92, *authorizing the marriage of* ROBERT L. MEANS *and* DIANNE MICHELLE COLLINS. *I further certify that the following marriage certificate was filed in my office:*

I, REV. JAMES A. TAYLOR, JR. *(name), certify that on* NOVEMBER 7, 1992 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* ROBERT L. MEANS *of* HENDRICKS *County* IN *(state), and* DIANNE MICHELLE COLLINS *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-5-92.

Signed by: /s/ REV. JAMES A. TAYLOR, JR. SENIOR PASTOR *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 11-10-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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FEMALE APPLICANT

Name: First Diane Middle Michelle Last Collins
Date of Birth: Month 10 Day 28 Year 66
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 32 Allison Court City Camby County In. State 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Delbert Fred Collins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Camby In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nina Jean Stahl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Camby, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Diane Michelle Collins 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Diane Michelle Collins
New Address 615 Alpha Avenue Brownsburg IN 46112
Subscribed and sworn to before me this 5th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

Please Do
Not Publish
Thnks

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 596

HENDRICKS County

File

11-6-92
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 10-6-92
Name of Physician Robert Deaton, M.D.

MALE APPLICANT

Name: First Michael Middle D. Last Phelps

Date of Birth: Month 1 Day 8 Year 60

Place of Birth (State or foreign country) Greensburg In.

Residence Address: Street or R.R. 5504 Muirfield Way City Plfd. County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth D. Phelps
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Lucile Meredith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael D Phelps Date 11-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael D Phelps
New Address Same

Subscribed and sworn to before me this 6th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Jane Last Thompson

Date of Birth: Month 1 Day 22 Year 62

Place of Birth (State or foreign country) ~~Opelika~~, Al.

Residence Address: Street or R.R. 5504 Muirfield Way City Plfd. County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1989

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date ~~1990~~

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James L. Kirby
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Alice Jane Bentley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Carolyn Thompson Date 11/6/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Carolyn Thompson
New Address Same

Subscribed and sworn to before me this 6th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-6-92, *authorizing the marriage of* MICHAEL D. PHELPS *and* CAROLYN JANE THOMPSON. *I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* NOVEMBER 6, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL D. PHELPS *of* HENDRICKS *County* IN *(state), and* CAROLYN J. THOMPSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-6-92. *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* 11-6-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 597

File

11-6-92 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 11-3-92
Name of Physician W. Edwards, MD

MALE APPLICANT

Name: First Kenneth Middle Glenn Last Cochran

Date of Birth: Month 11 Day 17 Year 46

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 3603 Clarks Creek Rd. Lot 63, City Indpls, County Hendricks, State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Wate Cochran
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Dorothy L. Vanoy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kenneth G Cochran Date 11-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kenneth G. Cochran

New Address Same

Subscribed and sworn to before me this 6th day of November, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Darnita Middle Lee Last Cipollone

Date of Birth: Month 11 Day 21 Year 46

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 3603 Clarks Creek, Lot 63, City Indpls, County Hendricks, State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 84

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Theodore R.E. Waldorf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) No.
   (b) Full maiden name of applicant's mother Aline Lillian Beach
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Darnita cipollone Date 11-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Darnita Cipollone

New Address _____

Subscribed and sworn to before me this 6th day of November, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-6-92 *, authorizing the marriage of* KENNETH G. COCHRAN *and* DARNITA L. CIPOLLONE *. I further certify that the following marriage certificate was filed in my office: I,* MARK WRIGHT *(name), certify that on* NOVEMBER 9, 1992 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* KENNETH G. COCHRAN *of* HENDRICKS *County* IN *(state), and* DARNITA L. CIPOLLONE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-9-92 *. Signed by:* MARK WRIGHT *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-30-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 598

File

11-6-92
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 11-4-92
Name of Physician B. Negera, M.D.

MALE APPLICANT

Name First: John Middle: Andrew Last: Paul
Date of Birth Month: 6 Day: 20 Year: 64
Place of Birth (State or foreign country) Ft. Wayne, In.
Residence Address Street or R.R.: 6667 N. 575 W. City: N. Salem County: State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Philip Michael Paul
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Lela Lynn Patterson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant John A Paul Date 11-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed John A Paul
New Address Same
Subscribed and sworn to before me this 6th day of Nov., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Leslie Middle: Mae Last: Nelson
Date of Birth Month: 12 Day: 24 Year: 64
Place of Birth (State or foreign country) Lafayette, In.
Residence Address Street or R.R.: 6667 N. 575 W. City: N. Salem County: State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Leslie Nelson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Joyce Wynonne Fee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Whitestown, In.
   Birthplace of mother (State or foreign country) Ga.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leslie M Nelson Date 11-6-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Leslie M. Nelson
New Address Same
Subscribed and sworn to before me this 6th day of Nov., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-6-92 *, authorizing the marriage of* JOHN ANDREW PAUL *and* LESLIE MAE NELSON *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* NOVEMBER 6, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN ANDREW PAUL *of* HENDRICKS *County* IN *(state), and* LESLIE MAE NELSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-6-92 *. Signed by:* /s/ CLYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-6-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 599

HENDRICKS County

File

11.10.92
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 Norman Liebschutz

MALE APPLICANT

Name: First Dennis Middle Harold Last Thompson Jr.

Date of Birth: Month 3 Day 13 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6508 Richwood Dr. City Danville County State IN 46122

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Dennis H. Thompson Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda Kay Taylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Dennis H Thpmn Jr Date 11-10-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Dennis H Thpmn Jr
New Address 514 Sugarwood Ln. Plfd Ind.

Subscribed and sworn to before me this 10 day of Nov., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Paige Middle Ellen Last Eads

Date of Birth: Month 7 Day 20 Year 68

Place of Birth (State or foreign country) Georgia

Residence Address: Street or R.R. 807 Lodge Dr. City Indpls. County State 46231

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Charles Vincent Eads
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Linda Lou O'Banion
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Paige E Eads Date 11-10-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Paige E Eads
New Address _____

Subscribed and sworn to before me this 10 day of Nov., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-10-92 *, authorizing the marriage of* DENNIS H. THOMPSON, JR. *and* PAIGE E. EADS *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILLIAM P. HENDRICKS *(name), certify that on* NOVEMBER 28, 1992 *(date), at* AVON *in* HENDRICKS *County, Indiana,* DENNIS H. THOMPSON, JR. *of* HENDRICKS *County* IN *(state), and* PAIGE E. EADS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-28-92 *. Signed by:* /s/ REV. WILLIAM P. HENDRICKS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-2-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 600

HENDRICKS County

File

11-10-92
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

Name: First Michael Middle Hughes Last Flannagan Jr.

Date of Birth: Month 4 Day 4 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1166 Jay Trail Dr., City W. New Palestine, County , State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael Hughes Flannagan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Palestine, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan J. Thalls
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Palestine, In.
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael H Flannagan Jr Date 11/10/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael H Flannagan Jr

New Address 10037 BRADBURY DR INDPLS, IN 46231

Subscribed and sworn to before me this 10th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stacy Middle Marie Last Roberts

Date of Birth: Month 12 Day 6 Year 70

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 10037 Bradbury Dr., City Indpls. County , State In. 46231

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Merrill C. Roberts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna J. Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stacy Roberts Date 11-10-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stacy Roberts

New Address SAME

Subscribed and sworn to before me this 10th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-10-92 *, authorizing the marriage of* MICHAEL HUGHES FLANNAGAN, JR. *and* STACY MARIE ROBERTS *. I further certify that the following marriage certificate was filed in my office: I,* R. BRADLEY MILLER *(name), certify that on* NOVEMBER 14, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MICHAEL HUGHES FLANNAGAN, JR. *of* HANCOCK *County* IN *(state), and* STACY MARIE ROBERTS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-10-92 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 601

File

11-10-92
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 Thomas Breist

MALE APPLICANT

Name: First Todd Middle Gary Last Redfern

Date of Birth: Month 11 Day 20 Year 62

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 532 Cobblestone Rd. City Plainfield County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Gerald L. Redfern
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Virginia Lee Schaurer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Todd G. Redfern Date 11-10-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Todd G. Redfern
New Address SAME

Subscribed and sworn to before me this 10 day of Nov., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Allyn Last Knoll

Date of Birth: Month 8 Day 17 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 770 Martin Rd. City West Pfd. County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father David Allen Knoll
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pfd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jennifer Ann Lents
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfd IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa A. Knoll Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lisa A. Knoll
New Address _____

Subscribed and sworn to before me this 13 day of Nov., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-13-92 *, authorizing the marriage of* TODD G. REDFERN *and* LISA A. KNOLL *. 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 *in* HENDRICKS *County, Indiana,* TODD G. REDFERN *of* HENDRICKS *County* IN *(state), and* LISA A. KNOLL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-13-92 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 602

HENDRICKS County

File

11-12-92
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 10-22-92
Name of Physician Charles Jones M.D.

MALE APPLICANT

Name: First Charles Middle Brian Last Eden

Date of Birth: Month 4 Day 28 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 545 W. Main St. City Donelle, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Charles Barry Eden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Gene Sweet
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sheridan, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant C. Brian Eden Date 11/12/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed C. Brian Eden
New Address 608 W. Ash St., Lebanon, In 46052
Subscribed and sworn to before me this 12th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sherri Middle Lynn Last Walker

Date of Birth: Month 4 Day 1 Year 69

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. 545 W. Main City Donelle, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Lloyd William Walker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Whitestown, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Oline Juanita Wade
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Whitestown, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sherri Walker Date 11-12-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sherri Walker
New Address 608 W. Ash St. Lebanon IN 46052
Subscribed and sworn to before me this 12th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-12-92 *, authorizing the marriage of* CHARLES BRIAN EDEN *and* SHERRI LYNN WALKER *. I further certify that the following marriage certificate was filed in my office: I,* REV. THOMAS H. KERR *(name), certify that on* NOVEMBER 21, 1992 *(date), at* WHITESTOWN *in* BOONE *County, Indiana,* CHARLES BRIAN EDEN *of* HENDRICKS *County* IN *(state), and* SHERRI LYNN WALKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-12-92. *Signed by:* /s/ REV. THOMAS H. KERR *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-25-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 603

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. Heeg

MALE APPLICANT

Name: First Ray Middle Allen Last Folck

Date of Birth: Month 2 Day 20 Year 70

Place of Birth (State or foreign country) IN

Residence Address: 245 Street or R.R. S. Washington St. City Apt C County State Danville

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ronnie Lane Folck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Grand Junction CO
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Karen Ann Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfld IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ray Folck Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Ray Folck

New Address Same as above

Subscribed and sworn to before me this 13 day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Celena Middle Fay Last Todd

Date of Birth: Month 1 Day 31 Year 65

Place of Birth (State or foreign country) IN

Residence Address: 245 Street or R.R. S. Washington City Apt A St. County Danville State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Walter Todd Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Violet Rose Hedger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Celena Todd Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Celena Todd

New Address

Subscribed and sworn to before me this 13 day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-13-92 *, authorizing the marriage of* RAY A. FOLCK *and* CELENA F. TODD *. 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 *in* HENDRICKS *County, Indiana,* RAY A. FOLCK *of* HENDRICKS *County* IN *(state), and* CELENA F. TODD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 604

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 3-26-92
Name of Physician Dr Gentry

MALE APPLICANT

Name: Ralph (First) Eric (Middle) Western (Last)
Date of Birth: April (Month) 26 (Day) 1970 (Year)
Place of Birth (State or foreign country): Indiana
Residence Address: 890 Ridgewood Dr Apt 202B (Street or R.R.) Plfd (City) Hendricks (County) In (State)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Braden Philip 2 mo.
6. (a) Full name of applicant's father Marion David Western Jr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonnie Louise Singleton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Ralph Western
New Address 890 Ridgewood Dr. 202B PLAINFIELD IN

Subscribed and sworn to before me this 13th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: Mary (First) Ann (Middle) Wubbolding (Last)
Date of Birth: January (Month) 28 (Day) 1970 (Year)
Place of Birth (State or foreign country): Illinois
Residence Address: 709 Marsten St (Street or R.R.) Plainfield (City) Hendricks (County) In (State)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Braden Philip 2 mo
6. (a) Full name of applicant's father Philip Edgar Wubbolding
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Carol Ann Price
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Mary Ann Wubbolding Date 11/13/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Mary Ann Wubbolding
New Address same

Subscribed and sworn to before me this 13th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-13-92 *, authorizing the marriage of* RALPH ERIC WESTERN *and* MARY ANN WUBBOLDING *. I further certify that the following marriage certificate was filed in my office: I,* REV. D. MICHAEL WELCH *(name), certify that on* NOVEMBER 14, 1992 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* RALPH ERIC WESTERN *of* HENDRICKS *County* IN *(state), and* MARY ANN WUBBOLDING *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-13-92 *. Signed by:* /s/ REV. D. MICHAEL WELCH *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-17-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 605

HENDRICKS 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 11-4-92
Name of Physician Charles Stripple M.D.

MALE APPLICANT

Name: First Clifford Middle Dellmer Last Byers

Date of Birth: Month 11 Day 17 Year 67

Place of Birth (State or foreign country) Martinsville, In.

Residence Address: Street or R.R. 6020 E 91 N Lot 29 City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ricky Neil Byers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred Annette Lambert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Clifford D. Byers Date 11-13-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Clifford D. Byers
New Address 6020 E 91 N Lot 29

Subscribed and sworn to before me this 13th day of November, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Denise Middle Lynn Last Honchell

Date of Birth: Month 3 Day 27 Year 61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 6020 E 91 N Lot 28 City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   William Ballard, Jr. 9 yrs.
   Macy Ballard 5 yrs.
6. (a) Full name of applicant's father Clyde Gerald Downing
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pauline Wheeler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Denise L. Honchell Date 11-13-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Denise L. Honchell
New Address same

Subscribed and sworn to before me this 13th day of November, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-13-92, *authorizing the marriage of* CLIFFORD DELLMER BYERS *and* DENISE LYNN HONCHELL. *I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* NOVEMBER 17, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CLIFFORD DELLMER BYERS *of* HENDRICKS *County* IN *(state), and* DENISE LYNN HONCHELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* _____. *Signed by:* /s/ CYNTHIA J. SPENCE 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-17-92 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 606

HENDRICKS County

File

11-16-92
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 ☐
If No, Medical Examination or Report Dated 11-10-92
Name of Physician A. M. Ball, M.D.

MALE APPLICANT

Name: First Donald Middle Martin Last Yore

Date of Birth: Month 8 Day 4 Year 42

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address: 1888 N 425 E Street or R.R. Danville City, In. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Date 1982

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Martin Yore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Mildred Maxine Elliott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Columbus, Ohio
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant D M Yore Date 16 Nov 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed D M Yore
New Address SAME

Subscribed and sworn to before me this 16th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Marie Last Green

Date of Birth: Month 11 Day 9 Year 62

Place of Birth (State or foreign country) Midland Mich.

Residence Address: 1888 N 425 E Street or R.R. Danville City, In. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Eric David Green 8 yrs.

6. (a) Full name of applicant's father Richard Gordon Green
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kokomo In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Mary Alice McNeil
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Flint, Mi.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Melissa M Green 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Melissa M Green
New Address SAME

Subscribed and sworn to before me this 16th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 16th NOV. 92, *authorizing the marriage of* DONALD M. YORE *and* MELISSA MARIE GREEN. *I further certify that the following marriage certificate was filed in my office: I,* MARK L. KING *(name), certify that on* 11-21-92 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DONALD M. YORE *of* HENDRICKS *County* IN *(state), and* MELISSA M. GREEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-16-92. *Signed by:* /s/ MARK L. KING, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-23-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 607

File

11-16-92
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 ☐
If No, Medical Examination or Report Dated 11-12-92
Name of Physician David Haggard, M.D.

MALE APPLICANT

Name: First Joshua Middle Ray Last Herald

Date of Birth: Month 8 Day 18 Year 69

Place of Birth (State or foreign country) Rockford, Ill.

Residence Address: Street or R.R. 1435 Edgar Ct. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ronald Herald
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pauline Marie Herren
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Josh Herald 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Josh Herald
New Address Same

Subscribed and sworn to before me this 16th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Chantel Last Plew

Date of Birth: Month 1 Day 13 Year 71

Place of Birth (State or foreign country) Osgoode In

Residence Address: Street or R.R. 1435 Edgar Ct. City Plainfield County State In 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ronald Rushton Plew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vickie Sue Polson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Angela Plew 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Angela Plew
New Address SAME

Subscribed and sworn to before me this 16th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-17-92 *, authorizing the marriage of* JOSHUA RAY HERALD *and* ANGELA CHANTEL PLEW *. I further certify that the following marriage certificate was filed in my office: I,* JAMES FLATER *(name), certify that on* NOVEMBER 21, 1992 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* JOSHUA RAY HERALD *of* HENDRICKS *County* IN *(state), and* ANGELA CHANTEL PLEW *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-92 *. Signed by:* /s/ JAMES FLATER, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-30-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 608

HENDRICKS County

File

11-16-92
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 ☐
If No, Medical Examination or Report Dated 11-16-92
Name of Physician Wm. Edwards, M.D.

MALE APPLICANT

Name: First Scott Middle Wayne Last Miller

Date of Birth: Month 3 Day 25 Year 70

Place of Birth (State or foreign country): Beech Grove, In.

Residence Address: Street or R.R. 5333 Avon Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Gordon Ellis Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Bonnie Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Scott W. Miller 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Scott W. Miller

New Address Same

Subscribed and sworn to before me this 16th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Kimball Last Wickett

Date of Birth: Month 8 Day 5 Year 70

Place of Birth (State or foreign country): Lafayette, In.

Residence Address: Street or R.R. 5333 Avon Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Lariviare K. Wickett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deming, N. Mex.
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Karen C. Batek
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Richmond, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kathryn K. Wickett 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kathryn K. Wickett

New Address Same

Subscribed and sworn to before me this 16th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-16-92 *, authorizing the marriage of* SCOTT WAYNE MILLER *and* KATHRYN KIMBALL WICKETT *. I further certify that the following marriage certificate was filed in my office: I,* DAVID E. ROSEN *(name), certify that on* NOVEMBER 21, 1992 *(date), at* CRAWFORDSVILLE *in* MONTGOMERY *County, Indiana,* SCOTT WAYNE MILLER *of* HENDRICKS *County* IN *(state), and* KATHRYN KIMBALL WICKETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-16-92 *. Signed by:* /s/ DAVID E. ROSEN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-25-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 609

File

11-17-92 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 Dr. michael Pizzato

MALE APPLICANT

Name: First Gary Middle E Last Allen

Date of Birth: Month 4 Day 28 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1217 E. Raymond St City Plainfield County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Wayne Allen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret E. Bough
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Garey E Allen Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Garey E Allen
New Address Same as above

Subscribed and sworn to before me this 17 day of November, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kathleen Middle L Last Luna

Date of Birth: Month 7 Day 22 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5870 Lakeland Blvd. City Indianapolis County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-11-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Andrea Luna

6. (a) Full name of applicant's father Marvin Dean Bryant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Kathleen LaRee Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Pittsburg

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Kathleen LaRee Luna Date 11-17-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Kathleen LaRee Luna
New Address _____

Subscribed and sworn to before me this 17 day of November, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-17-92 *, authorizing the marriage of* GARY E. ALLEN *and* KATHLEEN L. LUNA *. I further certify that the following marriage certificate was filed in my office: I,* REV. BRET S. MYERS *(name), certify that on* NOVEMBER 21, 1992 *(date), at* LYONS *in* GREENE *County, Indiana,* GARY EARL ALLEN *of* HENDRICKS *County* IN *(state), and* KATHLEEN LAREE LUNA *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-21-92 *. Signed by:* /s/ REV. BRET S. MYERS *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-30-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 610

File

11-17-92 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 11-4-92
Name of Physician J. Minor, M.D.

MALE APPLICANT

Name: First Robert Middle David Last Hayden

Date of Birth: Month 7 Day 28 Year 67

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 245 N. Vine Apt 22 City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Kent Hayden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Mosier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robert D Hayden Date 11/17/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Robert D. Hayden

New Address Same

Subscribed and sworn to before me this 17th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jami Middle Leigh Last Small

Date of Birth: Month 4 Day 17 Year 65

Place of Birth (State or foreign country) Marion, In.

Residence Address: Street or R.R. 245 N. Vine Apt 22 City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Lee Small
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anderson, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Lucille Shall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alexandria, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jami L Small Date 11-17-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jami L Small

New Address Same

Subscribed and sworn to before me this 17th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-17-92 *, authorizing the marriage of* ROBERT DAVID HAYDEN *and* JAMI LEIGH SMALL *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* NOVEMBER 17, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT DAVID HAYDEN *of* HENDRICKS *County* IN *(state), and* JAMI LEIGH SMALL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-92 *. 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* 11-17-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 611

File

11-17-92
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 11-8-92
Name of Physician B. Ludlam, M.D.

MALE APPLICANT

Name First Mark Middle Edward Last Cerk

Date of Birth Month 9 Day 25 Year 55

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 3262 Six Points Rd. City Indpls. County State In. 46231

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kyle Frank Cerk 8 yrs.
6. (a) Full name of applicant's father Frank Edward Cerk
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Jean High
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark Cerk Date 11/17/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mark Cerk

New Address SAME

Subscribed and sworn to before me this 17th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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

FEMALE APPLICANT

Name First Rebecca Middle Ann Last Dougherty

Date of Birth Month 12 Day 6 Year 49

Place of Birth (State or foreign country) Bloomington In.

Residence Address Street or R.R. 1242 Shady Creek Dr. City Greenwood County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Isaac Nickless 16 yrs.
6. (a) Full name of applicant's father Robert Kendell Stillions
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bloomington, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wanda Jean Hayes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bloomington, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rebecca A. Dougherty Date 11-17-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rebecca A. Dougherty

New Address 3262 Six Points Rodd

Subscribed and sworn to before me this 17th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-17-92 *, authorizing the marriage of* MARK EDWARD CERK *and* REBECCA ANN DOUGHERTY *. I further certify that the following marriage certificate was filed in my office: I,* LOUISE DUNN *(name), certify that on* DECEMBER 18, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MARK EDWARD CERK *of* HENDRICKS *County* IN *(state), and* REBECCA ANN DOUGHERTY *of* JOHNSON *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-92 *. Signed by:* /s/ LOUISE DUNN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 612

HENDRICKS County

File

11-17-92
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 11-10-92
Name of Physician M. Whaley, M.D.

MALE APPLICANT

Name: First Paul Middle Eugene Last Pritchett

Date of Birth: Month 1 Day 12 Year 40

Place of Birth (State or foreign country) Leiton In.

Residence Address: Street or R.R. RI Box 217 City Leiton County , In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Edward Pritchett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Leiton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Koons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Leiton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Paul E. Pritchett Date 11-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Paul E. Pritchett

New Address Same

Subscribed and sworn to before me this 18th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle Fay Last Kelly

Date of Birth: Month 12 Day 26 Year 43

Place of Birth (State or foreign country) Elwood, Indiana

Residence Address: Street or R.R. 3108 N. Lakewood Ln. City Indpls. County , State In. 46234

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   (a) Full name of applicant's father Walter Alfred Schulenburg
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tipton In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Melba Louise Kuhlman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tipton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Linda Kelly 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Linda Kelly

New Address RI Box 217 Leiton In.

Subscribed and sworn to before me this 17th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-18-92 *, authorizing the marriage of* PAUL EUGENE PRITCHETT *and* LINDA FAY KELLY *. I further certify that the following marriage certificate was filed in my office: I,* GARY A. DWORAK *(name), certify that on* NOVEMBER 28, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* PAUL EUGENE PRITCHETT *of* HENDRICKS *County* IN *(state), and* LINDA FAY KELLY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-92 *. Signed by:* /s/ GARY A. DWORAK *, PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-1-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 613

File

11-18-92
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 ☐
If No, Medical Examination or Report Dated 11-18-92
Name of Physician M.

MALE APPLICANT

Name: First John Middle Douglas Last Eckstein
Date of Birth: Month 6 Day 24 Year 70
Place of Birth (State or foreign country) Troy Ohio
Residence Address: Street or R.R. 354 Apple Rd. City Bay 596 County St. Paris State Oh.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Michael Eckstein
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St. Paris, Oh.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Diana Lynn Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) St. Paris, Oh.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant John D. Eckstein Date 11-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed John D. Eckstein
New Address Box 35 ST. Paris, Oh. 43072
Subscribed and sworn to before me this 18th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Hoffeditz
Date of Birth: Month 5 Day 26 Year 72
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 1619 E. 100 N City Danville, County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Raymond Eugene Hoffeditz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cyrena Elaine Honty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kimberly Ann Hoffeditz Date 11-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kimberly Ann Hoffeditz
New Address Box 35, St. Paris, Ohio 43072
Subscribed and sworn to before me this 18th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-18-92 *, authorizing the marriage of* JOHN DOUGLAS ECKSTEIN *and* KIMBERLY ANN HOFFEDITZ *. I further certify that the following marriage certificate was filed in my office: I,* REV. RONALD E. McDUGLE *(name), certify that on* DECEMBER 12, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN DOUGLAS ECKSTEIN *of* CHAMPAIGN *County* OHIO *(state), and* KIMBERLY ANN HOFFEDITZ *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-12-92 *. Signed by:* /s/ REV. RONALD E. McDUGLE *,* SENIOR MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-17-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 614

HENDRICKS County

File

11-18-92
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Paquette

MALE APPLICANT

Name: First Venard Middle Steven Last Barr
Date of Birth: Month 2 Day 9 Year 43
Place of Birth (State or foreign country) IN
Residence Address: 1802 Street or R.R. E. Gimber City Indpls. County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8-27-89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Venard Franklin Barr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Bertha Irene ?
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Venard Steven Barr Date Nov 18, 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Venard Steven Barr
New Address 1802 E. Gimber Indpls. IN

Subscribed and sworn to before me this 18 day of November, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stacey Middle Benita Last Blythe
Date of Birth: Month 11 Day 22 Year 65
Place of Birth (State or foreign country) IN
Residence Address: 617 Street or R.R. School St. City Brownsburg County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-11-91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? Nicole No ☒ Yes ☐
5. List the full names of any dependent children. ~~Nicole~~ Brianna Blythe

6. (a) Full name of applicant's father Fred MacIntire III
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ~~Indpls IN~~ Brownsburg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rema Joyce Allman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stacey Blythe Date 11-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Stacey Blythe
New Address _____

Subscribed and sworn to before me this 18 day of Nov., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-18-92 *, authorizing the marriage of* VENARD STEVEN BARR *and* STACEY BENITA BLYTHE *. I further certify that the following marriage certificate was filed in my office: I,* JEFFREY V. BOLES *(name), certify that on* DECEMBER 2, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* VENARD STEVEN BARR *of* MARION *County* IN *(state), and* STACEY BENITA BLYTHE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-2-92 *. Signed by:* /s/ JEFFREY V. BOLES *,* CIRCUIT JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-8-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 615

HENDRICKS County

File

11-19-92
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 11-16-92
Name of Physician R. Sterling, D.O.

MALE APPLICANT

Name First George Middle Michael Last Klotz
Date of Birth Month 11 Day 22 Year 60
Place of Birth (State or foreign country) Phoenix Az.
Residence Address 4939 Street or R.R. Beechwood Rd. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father George Eugene Klotz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lake Montezuma, Az.
   Birthplace of father (State or foreign country) Wisc
   (b) Full maiden name of applicant's mother Mary Elizabeth Belongie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Newark, N. J.
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant George Klotz Date 11/19/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed George Klotz
New Address SAME

Subscribed and sworn to before me this 19th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Dawn Middle Elaine Last Napier
Date of Birth Month 6 Day 8 Year 63
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 4939 Street or R.R. Beechwood Rd. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Harold Edwin Napier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Jo Cook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dawn E Napier Date 11/19/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dawn E Napier
New Address same

Subscribed and sworn to before me this 19th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-19-92 *, authorizing the marriage of* GEORGE MICHAEL KLOTZ *and* DAWN ELAINE NAPIER *. I further certify that the following marriage certificate was filed in my office: I,* REV. DAVID K. HARNESS *(name), certify that on* NOVEMBER 28, 1992 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* GEORGE MICHAEL KLOTZ *of* HENDRICKS *County* IN *(state), and* DAWN ELAINE NAPIER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-28-92 *. 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*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 616

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated 11-15-92
Name of Physician G Thomas

MALE APPLICANT

Name: First Richard Middle Earl Last Wellman
Date of Birth: Month 7 Day 24 Year 42
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 996 Cedar Dr., City Plainfield, County, State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Chad Wellman 20 yrs.
6. (a) Full name of applicant's father George E. Wellman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Jane Winkley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Speedway, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Richard Wellman Date 11/15/92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Richard Wellman
New Address SAME

Subscribed and sworn to before me this 20th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Elsa Middle Kathleen Last Hargraves
Date of Birth: Month 11 Day 6 Year 45
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 996 Cedar Dr., City Plainfield, County, State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
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? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Harry Paul Ross
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Mildred E. Seft
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Elsa Hargraves Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Elsa Hargraves
New Address SAME

Subscribed and sworn to before me this 20th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-20-92, *authorizing the marriage of* RICHARD EARL WELLMAN *and* ELSA KATHLEEN HARGRAVES. *I further certify that the following marriage certificate was filed in my office: I,* DANNY VAUGHN *(name), certify that on* NOVEMBER 25, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* RICHARD EARL WELLMAN *(state), and* ELSA KATHLEEN HARGRAVES *were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-25-92. *Signed by:* /s/ DANNY VAUGHN, JUDGE PT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-1-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 617

HENDRICKS County

File

11-23-92
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 Hendricks Co. Lab

MALE APPLICANT

Name: First Gary Middle Lee Last Hoover

Date of Birth: Month 12 Day 10 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2171 Broyles Rd. City Plainfield County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Robert Stanley Hoover
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Carol Ann Handley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Gary L. Hoover Date 11-23-92

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 /

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Gary L. Hoover

New Address 836 Apt. E Winding Brook Rd. Indpls. Ind

Subscribed and sworn to before me this 23 day of Nov., 19 11-23-92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Trisha Middle Lynn Last West

Date of Birth: Month 1 Day 10 Year 74

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 32 300 E City Danville County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father James Edward West
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brokston IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Debra Lou Thornburg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Trisha L. West Date 11-23-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Trisha L. West

New Address _____

Subscribed and sworn to before me this 23 day of Nov., 19 11-23-92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-23-92 *, authorizing the marriage of* GARY L. HOOVER *and* TRISHA L. WEST *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* DECEMBER 5, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____ GARY L. HOOVER *of* HENDRICKS *County* IN *(state), and* _____ TRISHA L. WEST *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-23-92 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-8-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 618

File

11-23-92
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 11-23-92
Name of Physician Thomas Doretto, M.D.

MALE APPLICANT

Name: First Milton Middle Delaney Last Dean
Date of Birth: Month 7 Day 20 Year 39
Place of Birth (State or foreign country) Silsbee, Texas
Residence Address: Street or R.R. 1355 Holiday Ln E. City Brownsburg County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Matthew Delaney Dean 16 yrs.
6. (a) Full name of applicant's father Delaney C. Dean
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Madeline Ann Wills
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Karbyville, Texas
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Milton D. Dean Date 11/23/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Milton D. Dean
New Address SAME
Subscribed and sworn to before me this 23rd day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Theresa Last Stevens
Date of Birth: Month 10 Day 9 Year 46
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1355 Holiday Ln E. City Brownsburg County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Charles Thomas Stevens
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kalil Marie Kalil
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Louisiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kathleen T. Stevens Date 11/23/92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Kathleen Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kathleen T. Stevens
New Address SAME
Subscribed and sworn to before me this 23rd day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS
_____ Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 619

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 11-18-92
Name of Physician Dr. Thomas H. Sharp

MALE APPLICANT

Name: First Gary Middle David Last Love
Date of Birth: Month 12 Day 10 Year 60
Place of Birth (State or foreign country) Martinsville, In.
Residence Address: Street or R.R. 1987 W Main City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Frank Marion Love
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marilyn Rose Randolph
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gary Love Date 11/24/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gary Love
New Address Plainfield, In 46168 RR1 Box 284
Subscribed and sworn to before me this 24th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Rochella Middle Darlene Last Love
Date of Birth: Month 9 Day 27 Year 62
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. RR1 Box 284 City Spencer County State In 47460
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father C. a. William Swope
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Evelyn June Clifft
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Spencer, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rochella D. Love Date 11-24-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Rochella Love
New Address SAME
Subscribed and sworn to before me this 24th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-24-92 *, authorizing the marriage of* GARY DAVID LOVE *and* ROCHELLA DARLENE LOVE *. I further certify that the following marriage certificate was filed in my office: I,* REV. R. L. MURPHY *(name), certify that on* DECEMBER 2, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GARY DAVID LOVE *of* HENDRICKS *County* IN *(state), and* ROCHELLA DARLENE LOVE *of* OWEN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-92 *. Signed by:* /s/ REV. R. L. MURPHY D.D. *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-7-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 620

HENDRICKS 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 ☒ Yes ☐
If No, Medical Examination or Report Dated 11-24-92
Name of Physician E. Clark, M.D.

MALE APPLICANT

Name: First Fredrick Middle Scott Last Cunningham
Date of Birth: Month 12 Day 6 Year 68
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 636 apt A Lakeside Apts. City Plainfield, County, State
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) Indiana Identification Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Burl Richard Cunningham Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jacksonville, Fla.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brilla Joyce McCland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lake City, Fla.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Fredrick Scott Cunningham Date 11-24-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Fredrick Scott Cunningham
New Address SAME AS ABOVE
Subscribed and sworn to before me this 24th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Lee Last Cornelius
Date of Birth: Month 1 Day 28 Year 59
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 636 apt A Lakeside Apts. City Plainfield, County, State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992 ~~1974~~
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father George Davis Lyon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Hazel Remsnider
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Janet L Cornelius Date 11-24-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Janet L Cornelius
New Address Lakeside Apt 636 A Plainfield
Subscribed and sworn to before me this 24th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-24-92 *, authorizing the marriage of* FREDRICK SCOTT CUNNINGHAM *and* JANET LEE CORNELIUS *. I further certify that the following marriage certificate was filed in my office: I,* HUBERT GREEN *(name), certify that on* DECEMBER 12, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* _____ *FREDRICK SCOTT CUNNINGHAM of* HENDRICKS *County* IN *(state), and* _____ *JANET LEE CORNELIUS of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-92 *. Signed by:* /s/ HUBERT GREEN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-15-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 621

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 11-17-92
Name of Physician Robert Headin, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Todd Last Collier
Date of Birth: Month 6 Day 15 Year 70
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R.R. RR 1 Box 186 City Cratesville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Maurice Fred Collier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cratesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Ruth Kroan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cratesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeffrey Todd Collier Date Nov 24 1992

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jeffrey Todd Collier
New Address _____
Subscribed and sworn to before me this 24th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle Lee Last Johnson
Date of Birth: Month 10 Day 2 Year 71
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. RR #1 Box 491 City Cratesville County State In. 46121
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Colby Andrew Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cratesville, In.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Joyce ~~Ann~~ Ann Burnett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cratesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Laura Lee Johnson Date 11-24-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Laura Lee Johnson
New Address _____
Subscribed and sworn to before me this 24th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-24-92 *, authorizing the marriage of* JEFFREY TODD COLLIER *and* LAURA LEE JOHNSON *. I further certify that the following marriage certificate was filed in my office: I,* TED A. MILLER *(name), certify that on* NOVEMBER 27, 1992 *(date), at* AMO *in* HENDRICKS *County, Indiana,* _____ JEFFREY TODD COLLIER *of* HENDRICKS *County* IN *(state), and* _____ LAURA LEE JOHNSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-92 *. Signed by:* /s/ TED A. MILLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-1-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 622

HENDRICKS County

File

11-25-92
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 11-22-92
Name of Physician Thaddaeus Poe

MALE APPLICANT

Name: First Richard Middle Jesse Last Porter

Date of Birth: Month 2 Day 10 Year 71

Place of Birth (State or foreign country): Mt. Vernon, Ohio

Residence Address: Street or R.R. 1313 N Mulberry City Mt. Vernon County State Ol.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Dale Porter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mt. Vernon, Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Carolyn Joyce Hollifield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mt. Vernon, Ohio
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Richard J. Porter Date 11-25-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Richard J. Por Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Richard J. Porter

New Address 12 Purdue Dr. Danville

Subscribed and sworn to before me this 25th day of Nov, 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Amy Middle Rachelle Last Jones

Date of Birth: Month 10 Day 3 Year 70

Place of Birth (State or foreign country) Hamilton, Ohio

Residence Address: Street or R.R. 326 N 450 E City Danville, County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Howard Douglas Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Linda Sue Howard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amy R. Jones Date 11-25-92

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amy R. Jones

New Address 12 Purdue Dr. Danville.

Subscribed and sworn to before me this 25th day of Nov, 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-25-92 *, authorizing the marriage of* RICHARD JESSE PORTER *and* AMY RACHELLE JONES *. I further certify that the following marriage certificate was filed in my office: I,* J. K. WARRICK *(name), certify that on* DECEMBER 12, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICHARD JESSE PORTER *of* KNOX *County* OHIO *(state), and* AMY RACHELLE JONES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-12-92 *. Signed by:* /s/ J. K. WARRICK *,* SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-15-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 623

File

11·25·92
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 D. Roof

MALE APPLICANT

Name: First Jason Middle Thomas Last Moore
Date of Birth: Month 8 Day 20 Year 73
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10234 Bacara Dr. City Indpls County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Frank Thomas Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lebanon IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Laina Lee Chapman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bburg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jason T. Moore Date 25NOV92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jason T. Moore
New Address
Subscribed and sworn to before me this 25 day of Nov., 19 92
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Marian Middle Kathryn Last Blank
Date of Birth: Month 6 Day 16 Year 75
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10234 Bacara Dr. City Indpls. County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ralph Sherman Blank
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDPLS IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sherry Ann Blank
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Marian K. Blank Date 11/25/92

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 _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Marian K. Blank
New Address
Subscribed and sworn to before me this 25 day of Nov 19 92
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother X Sherry A. Blank ID # 310-50-7618
Subscribed and sworn to before me this 25 day of Nov, 19 92
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-25-92 *, authorizing the marriage of* JASON THOMAS MOORE *and* MARIAN KATHRYN BLANK *. I further certify that the following marriage certificate was filed in my office: I,* JOHN P. ROOF *(name), certify that on* DECEMBER 5, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____ JASON THOMAS MOORE *of* HENDRICKS *County* IN *(state), and* _____ MARIAN KATHRYN BLANK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-5-92 *. Signed by:* /s/ JOHN P. ROOF *,* EPISCOPAL PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-8-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 624

File

11-25-92
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 11-20-92
Name of Physician M. Pizzata, D.O.

MALE APPLICANT

Name First: Donald Middle: John Last: Maw

Date of Birth Month: 6 Day: 11 Year: 48

Place of Birth (State or foreign country): Chicago, Illinois

Residence Address Street or R.R.: 1196 E 500 N City: Danville County: State: In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert John Maw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Emily Kaelyn Asher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kokomo, In.
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant D Maw Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed D Maw
New Address Same

Subscribed and sworn to before me this 25th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First: Marialisa Middle: Vivian Last: Dugan

Date of Birth Month: 3 Day: 4 Year: 54

Place of Birth (State or foreign country): Hayward, Calif.

Residence Address Street or R.R.: 1196 E 500 N City: Danville County: State: In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jeanette Dugan 10 yrs
   Marcus Dugan 11 yrs
6. (a) Full name of applicant's father Raymond Louis Ford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Gene Zonder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Marialisa V. Dugan Date 11/25

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Marialisa V. Dugan
New Address Same

Subscribed and sworn to before me this 25th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 625

File

11-25-92
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 Richard B Schoute

MALE APPLICANT

Name First: David Middle: Kenneth Last: Barnick Sr.
Date of Birth Month: September Day: 5 Year: 1946
Place of Birth (State or foreign country): Indianapolis Marion Co. In.
Residence Address Street or R.R.: 1910 Hope Ldr City: Plainfield County: Hendricks State: 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Rhea McNalcus Barnick Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): dec.
   Birthplace of father (State or foreign country): Ky.
   (b) Full maiden name of applicant's mother: Doris Melissa Lotcha
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): In.
   Birthplace of mother (State or foreign country): In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date X 11/25/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address X
Subscribed and sworn to before me this 25th day of Nov., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Margo Middle: Elaine Last: Solada
Date of Birth Month: September Day: 23, Year: 1949
Place of Birth (State or foreign country): Muncie In., Delaware Co.
Residence Address Street or R.R.: 1910 Hope Ldr City: Plainfield County: Hendricks State: In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify): Drivers Licnse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Erinn Solada
6. (a) Full name of applicant's father: Gordon Lothair Emdee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): In.
   Birthplace of father (State or foreign country): In.
   (b) Full maiden name of applicant's mother: Berneice Beatrice Barnett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): In.
   Birthplace of mother (State or foreign country): In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date X 11/25/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address X
Subscribed and sworn to before me this 25th day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 626

File

11-25-92
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. Montgomery

MALE APPLICANT

Name: First Troy Middle Alan Last Hoffman
Date of Birth: Month 12 Day 18 Year 61
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 417 S. Center St. City Plfd. County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Matthew Joseph Hoffman Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Madison IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Lena Margaret Kruse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Madison IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Troy A. Hoffman Date 11-25-92

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Troy A. Hoffman
New Address
Subscribed and sworn to before me this 25 day of Nov., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Lori Middle Ann Last Smock
Date of Birth: Month 5 Day 19 Year 64
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 417 S. Center St. City Plfd. County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-27-91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James R. Smock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Shirley Ann Cole
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Lori Ann Smock Date 11-25-92

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Lori Ann Smock
New Address
Subscribed and sworn to before me this 25 day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-25-92 *, authorizing the marriage of* TROY ALAN HOFFMAN *and* LORI ANN SMOCK *. I further certify that the following marriage certificate was filed in my office: I,* DANNY VAUGHN *(name), certify that on* DECEMBER 12, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* TROY ALAN HOFFMAN *of* HENDRICKS *County* IN *(state), and* LORI ANN SMOCK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-12-92 *. Signed by:* /s/ DANNY VAUGHN *,* JUDGE PT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-16-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 627

HENDRICKS County

File

11-25-92
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 St. Vincents Dr. Groves

MALE APPLICANT

Name: First Mitchell Middle Lee Last Hamilton, Sr.
Date of Birth: Month 8 Day 22 Year 67
Place of Birth (State or foreign country) IN
Residence Address: 10225 Osceola Dr. Indpls. IN (Street or R.R. / City / County / State)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Mitchell Lee Hamilton Jr. Michael Lee Hamilton
6. (a) Full name of applicant's father Jason Hamilton Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Dorothy Esther Cheek
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Mitchell Lee Hamilton Date 11-25-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Mitchell Lee Hamilton
New Address _____
Subscribed and sworn to before me this 25 day of Nov., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tina Middle Kay Last Tunny
Date of Birth: Month 7 Day 5 Year 71
Place of Birth (State or foreign country) IN
Residence Address: C Same (Street or R.R. / City / County / State)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Mitchell Lee Michael Lee
6. (a) Full name of applicant's father Thomas Edward Tunny 4th.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Paula Jean Pretzel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tina Kay Tunny Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tina Kay Tunny
New Address _____
Subscribed and sworn to before me this 25 day of Nov, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-25-92 *, authorizing the marriage of* MITCHELL L. HAMILTON SR. *and* TINA K. TUNNY *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* NOVEMBER 25, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MITCHELL L. HAMILTON SR *of* HENDRICKS *County* IN *(state), and* TINA K. TUNNY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-25-92 *. Signed by:* /s/ CYNTHIA J. SPENCE *,* 1ST DEPUPTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-25-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 628

HENDRICKS County

File

11-30-92
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 11-25-92
Name of Physician Lewis Kinkead, M.D.

MALE APPLICANT

Name: First Terry Middle Lee Last Northern

Date of Birth: Month 2 Day 20 Year 56

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 6134 E 100 N City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Harry Harlan Northern
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty June Cooke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 30 Nov. 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address 23 W. Main Pittsboro

Subscribed and sworn to before me this 30th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Judy Middle Lynn Last Vaughn

Date of Birth: Month 6 Day 14 Year 54

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 28 W. Main St. City Pittsboro County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Carl Robert Vaughn Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Elaine Schell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Judy Lynn Vaugh Date 11-30-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Judy K. Vaugh

New Address Same.

Subscribed and sworn to before me this 30th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-30-92 *, authorizing the marriage of* TERRY LEE NORTHERN *and* JUDY LYNN VAUGHN *. I further certify that the following marriage certificate was filed in my office: I,* J. K. WARRICK *(name), certify that on* DECEMBER 8, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* TERRY LEE NORTHERN *of* HENDRICKS *County* IN *(state), and* JUDY LYNN VAUGHN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-8-92 *. Signed by:* /s/ J.K. WARRICK *,* SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-15-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 629

File

12-1-92 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 11-9-92
Name of Physician Lisa A Dickerson, MLT

MALE APPLICANT

Name: First Kevin Middle Patrick Last Mack
Date of Birth: Month 9 Day 7 Year 66
Place of Birth (State or foreign country) Beech Grove In.
Residence Address: Street or R.R. 975 Pinewood Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Charles Edward Mack
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tallahassee, Fla.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother MaryAnna McGovern
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Beech Grove, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin P. Mack Date 12-1-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kevin P. Mack
New Address SAME
Subscribed and sworn to before me this 1st day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Dana Middle Annette Last Knox
Date of Birth: Month 11 Day 17 Year 67
Place of Birth (State or foreign country) Brazil In.
Residence Address: Street or R.R. 975 Pinewood City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Allison Marie Knox 6 yrs.
   Chelsea Rose Knox 4 yrs.
6. (a) Full name of applicant's father Frederick Arthur Baysinger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother MaryAlice McShaney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Knightsville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dana A. Knox Date 12/01/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dana A. Knox
New Address SAME
Subscribed and sworn to before me this 1st day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-1-92 *, authorizing the marriage of* KEVIN PATRICK MACK *and* DANA ANNETTE KNOX *. I further certify that the following marriage certificate was filed in my office: I,* MARGARET A. MCGOVERN *(name), certify that on* DECEMBER 5, 1992 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* KEVIN PATRICK MACK *of* HENDRICKS *County* IN *(state), and* DANA ANNETTE KNOX *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-1-92 *. Signed by:* /s/ MARGARET A. MCGOVERN MAYOR OF GREENWOOD *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-10-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 630

HENDRICKS County

File

12-1-92
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 Kokomo family Care

MALE APPLICANT

Name: First Stephen Middle Michael Last ~~Sate~~Shaffer

Date of Birth: Month 10 Day 30 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 4169 Beechwood Rd. City Pltfd. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Stanley Eugene Shaffer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Haven IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Norma Jean Berardot
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Haven IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stephen M. Shaffer Date 12-1-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Stephen M. Shaffer

New Address _____

Subscribed and sworn to before me this 1 day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Julia Middle Leigh Last Smith

Date of Birth: Month 6 Day 5 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1212 Zartman Rd. City Kokomo County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Jackie Lee Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kokomo IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Jane Raiborn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kokomo IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Julia L Smith Date 12/1/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Julia L Smith

New Address _____

Subscribed and sworn to before me this 1 day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-1-92 *, authorizing the marriage of* STEPHEN MICHAEL SHAFFER *and* JULIA LEIGH SMITH *. I further certify that the following marriage certificate was filed in my office: I,* JAMES W. HARTLEY *(name), certify that on* DECEMBER 12, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEPHEN MICHAEL SHAFFER *of* HENDRICKS *County* IN *(state), and* JULIA LEIGH SMITH *of* HOWARD *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-1-92 *. Signed by:* /s/ JAMES W. HARTLEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-16-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 631

File

12-2-92
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 ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Jeffrey Middle Allen Last Broshears
Date of Birth: Month 9 Day 26 Year 70
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Allen Ray Broshears
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Priscilla Jean Ballard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jeffrey A. Broshears 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 Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jeffrey A. Broshears
New Address
Subscribed and sworn to before me this 2 day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Julie Middle Michelle Last James
Date of Birth: Month 12 Day 21 Year 71
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 8 Maple Ln City B'burg County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Frank James
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sharon Lyons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Julie M James 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 Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Julie M James
New Address
Subscribed and sworn to before me this 2 day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-92 *, authorizing the marriage of* JEFFREY ALLEN BROSHEARS *and* JULIE MICHELLE JAMES *. I further certify that the following marriage certificate was filed in my office:*

I, VERNON J. STOVER, JR. *(name), certify that on* DECEMBER 12, 1992 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* JEFFREY ALLEN BROSHEARS *of* HENDRICKS *County* IN *(state), and* JULIE MICHELLE JAMES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-2-92 *.*

Signed by: /s/ VERNON J. STOVER, JR. *,* MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-16-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 632

HENDRICKS County

File

12-3-92
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 12-1-92
Name of Physician R. Callicott, M.D.

MALE APPLICANT

Name: First Lester Middle Nelson Last Stanton
Date of Birth: Month 10 Day 9 Year 56
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 250 North East St Apt 107 City Plainfield County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Arnold Gene Stanton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oklahoma City, OK.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Elizabeth ?
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oklahoma City, OK
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lester N Stanton 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lester N Stanton
New Address Same

Subscribed and sworn to before me this 3rd day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Cloye Middle Christine Last Stidham
Date of Birth: Month 4 Day 12 Year 57
Place of Birth (State or foreign country) Hazard, Ky.
Residence Address: Street or R.R. 250 North East St Apt 107 City Plainfield County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Orville Stidham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Beulah Mae Couch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cloye C. Stidham 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cloye C. Stidham
New Address Same

Subscribed and sworn to before me this 3rd day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-92 *, authorizing the marriage of* LESTER NELSON STANTON *and* CLOYE CHRISTINE STIDHAM *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* DECEMBER 3, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LESTER NELSON STANTON *of* HENDRICKS *County* IN *(state), and* CLOYE CHRISTINE STIDHAM *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-3-92 *. 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* 12-3-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 633

HENDRICKS County

File

12-3-92 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 12-3-92
Name of Physician Robert Heavin, M.D

MALE APPLICANT

Name First Jason Middle Brett Last Cox

Date of Birth Month 2 Day 18 Year 71

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. Rt 1 Box 375 City Coatesville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father John Stephen Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wanda Lynn Huggler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jason B. Cox 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jason B. Cox
New Address SAME

Subscribed and sworn to before me this 3rd day of Dec, 19 92

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Karmen Middle Nichole Last Galloway

Date of Birth Month 7 Day 15 Year 74

Place of Birth (State or foreign country) Danville, In

Residence Address Street or R.R. Rt Box 375 City Coatesville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Gary Lynn Galloway
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville In.
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Karen Sue Cleveneger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karmen N Galloway 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Karmen N Galloway
New Address SAME

Subscribed and sworn to before me this 3rd day of Dec, 19 92

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-92 *, authorizing the marriage of* JASON BRETT COX *and* KARMEN NICHOLE GALLOWAY *. I further certify that the following marriage certificate was filed in my office: I,* DAVID WILLIAM OSBORNE *(name), certify that on* DECEMBER 12, 1992 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* JASON BRETT COX *of* HENDRICKS *County* IN *(state), and* KARMEN NICHOLE GALLOWAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-12-92 *. Signed by:* /s/ DAVID WILLIAM OSBORNE *,* 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*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 634

File

12-3-92
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 10-21-92
Name of Physician L. Trammell, M.D.

MALE APPLICANT

Name: First Kenneth Middle K Last Schnepp
Date of Birth: Month 4 Day 10 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 106 1/2 Shaw St. City Plainfield County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth D. Schnepp
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Martha A. Graves
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Kenneth K Schnepp 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Kenneth K Schnepp
New Address

Subscribed and sworn to before me this 3rd day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle J Last SFReddo
Date of Birth: Month 7 Day 14 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 175 Hillcrest City Mooresville County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Basil Sfreddo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Carolyn J. Jacobs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Susan J Sfreddo 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Susan J Sfreddo
New Address 106 1/2 Shaw St Plainfield, IN 46168

Subscribed and sworn to before me this 3rd day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-92 *, authorizing the marriage of* KENNETH R. SCHNEPP *and* SUSAN J. SFREDDO *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* DECEMBER 19, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KENNETH R. SCHNEPP *of* HENDRICKS *County* IN *(state), and* SUSAN J. SFREDDO *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-19-92 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 635

File

12-4-92
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 10-23-92
Name of Physician Mark Dentry M.D.

MALE APPLICANT

Name: First David Middle Robert Last Mahler

Date of Birth: Month 3 Day 27 Year 73

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 8360 E 300 N City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Mark Carl Mahler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathleen McGuire
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David R Mahler Date 12-4-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David R Mahler

New Address 5517 D Versaille Dr Indpls In 46227

Subscribed and sworn to before me this 4th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Renee Last Millican

Date of Birth: Month 9 Day 4 Year 74

Place of Birth (State or foreign country) Muskogee, Ok.

Residence Address: Street or R.R. 4110 N 900 E City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Larry Dennis Millican
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft. Smith, Arkansas
   Birthplace of father (State or foreign country) Okla.
   (b) Full maiden name of applicant's mother Bonnie Alene Dillard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Okla.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michelle Millican Date 12/4/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michelle R Millican

New Address 5517 D. Versaille Dr INDPLS 46227

Subscribed and sworn to before me this 4th day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-4-92 *, authorizing the marriage of* DAVID ROBERT MAHLER *and* MICHELLE RENEE MILLICAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. STEVE FINKE *(name), certify that on* DECEMBER 5, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID ROBERT MAHLER *of* HENDRICKS *County* IN *(state), and* MICHELLE RENEE MILLICAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-5-92 *. 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 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 636

HENDRICKS County

File

12-4-92
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

Name First Douglas Middle Enoch Last Shircliff

Date of Birth Month 8 Day 7 Year 42

Place of Birth (State or foreign country) Indianapolis In

Residence Address Street or R.R. 2205 Sunny Dr. City Brownsburg County State In

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) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Macil Alvin Shircliff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lesta Laura Hollingsworth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Douglas E. Shircliff Date 12-4-92

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Douglas E. Shircliff

New Address 7 SAME

Subscribed and sworn to before me this 4th day of Nov, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First Karen Middle Deanna Last Shircliff

Date of Birth Month 8 Day 9 Year 58

Place of Birth (State or foreign country) Georgia

Residence Address Street or R.R. 2205 Sunny Dr. City B'burg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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 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. Bradley L.

6. (a) Full name of applicant's father David M. L.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Betty P.
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls
   Birthplace of mother (State or foreign country) Mississ

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous
that are sexually transmitted, and a list of the test sites for the virus th
immune deficiency syndrome).

Signature of Applicant x Karen Shircliff

The above applicant has objected to verifying by oath or affirmation o
acknowledgment because of religious beliefs.

Clerk of Court

State of Indiana)
County of HENDRICKS) ss:

I swear/affi
in this a

Signed x Karen Shircliff

New Address

Subscribed and sworn to before me this 14 day of Dec.

Connie Lawson Clerk of the HENDRICKS

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage.
state facts which make the consent of the other parent unnecessary

State of Indiana)
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 r
County Court, by written order issued
and filed in , authorizes and directs the issuance of a marriage license to the ab

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS
dated , authorizing the marriage of
and . I further certify that the following marriage certificate wa
I, (name), certify that on
(date), at in County, Indiana,
of County (state), and
of County (state) were married by
under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated*
Signed by: , (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed
HENDRICKS

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

MARRIAG2/POL DE

Insert Name of County

Circuit Co

Page

us Objection Signed

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at close of each calendar month to In

CYNTHIA J. SPENCE
1ST DEPUTY CLERK
PO BOX 599
DANVILLE IN 46122
745-9230

LAST MARRIAGE ENDED BY
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Total Number o
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Other ☐ (Specify)

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PREVIOUS MARITAL STATUS
Never Married ☐

LAST MARRIAGE ENDED BY
Death ☐ Annulment
Divorce ☒ Marriages
Total Number o
Date Last Marriage Ended 7-

RACE
White ☒ Black ☐ Am. Indi
Other ☐ (Specify)

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PREVIOUS MARITAL STATUS
Never Married ☐

LAST MARRIAGE ENDED BY
Death ☐ Annulment
Total Number o
Divorce ☐ Marriages
Date Last Marriage Ended

COUNTY

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 636

File

12-4-92
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

Name: First Douglas Middle Knock Last Shircliff
Date of Birth: Month 8 Day 7 Year 42
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 2205 Sunny Dr. City Brownsburg County State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of b

FEMALE APPLICANT

Name: First Karen Middle Diana Last Shircliff
Date of Birth: Month 8 Day 9 Year 58
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. 2205 Sunny Dr. City B'burg County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Deputy Clerk

1st Copy to Mr+Mrs. 5.4.93
2nd " " 6-8-93 by c/m
They never came in.

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Filed a

CLERK OF CIRCUIT AND SUPERIOR COURTS
HENDRICKS COUNTY COURTHOUSE

CONNIE LAWSON
CLERK

PO BOX 599
DANVILLE INDIANA 46122
(317) 745-9231

May 4, 1993

Douglas & Karen Shircliff
2205 Sunny Dr
Brownsburg IN 46112

Dear Mr. & Mrs. Shircliff,

Our records show the Marriage License you gave me on friday 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.

It will not be needed to go through another ceremony.

ot be able to record your license until the

in this matter will be appreciated, and I
hing this on friday.

P 354 933 755

Receipt for Certified Mail
No Insurance Coverage Provided

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 does not permit.
- 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 delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to: Douglas & Karen Shircliff 2205 Sunny Dr. B'burg

4a. Article Number P 354 933 755

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery 6-9-93

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1992—323-402 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

112

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 637

File

12-14-92 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 11-30-92
Name of Physician David R. Bain, M.D.

MALE APPLICANT

Name First: Anthony Middle: Fredrick Last: Church
Date of Birth Month: 10 Day: 31 Year: 69
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address Street or R.R.: 3 Weil Dr., City: Brownsburg, County: , State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Frederick Eugene Church
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lynchburg, Ohio
   Birthplace of father (State or foreign country) West Va.
   (b) Full maiden name of applicant's mother Patricia Elaine Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Anthony Fredrick Church Date 12-4-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Anthony Fredrich Church
New Address 3491 Marabou Mills Ln. Indpls. In.
Subscribed and sworn to before me this 4th day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Amy Middle: Marie Last: Walters
Date of Birth Month: 2 Day: 28 Year: 69
Place of Birth (State or foreign country): Indianapolis In.
Residence Address Street or R.R.: 3491 Marabou Mills Ln, City: Indpls, County: , State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Rodney Lee Walters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nashville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Suzanne Lynn Seifert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Nashville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amy Marie Walters Date 12-4-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Amy Marie Walters
New Address same
Subscribed and sworn to before me this 4th day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-04-92 *, authorizing the marriage of* ANTHONY FREDRICK CHURCH *and* AMY MARIE WALTERS *. 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), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ANTHONY FREDRICK CHURCH *of* HENDRICKS *County* IN *(state), and* AMY MARIE WALTERS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-4-92 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 638

HENDRICKS County

File

12-8-92
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

Name: First Rodney Middle Alan Last Beck

Date of Birth: Month 8 Day 3 Year 51 (41)

Place of Birth (State or foreign country): Sullivan, In.

Residence Address: Street or R.R. Rt 1 Box 298 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Hubert E. Beck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gloria Elfrone Frye
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rodney Alan Beck Date 12/8/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rodney Alan Beck
New Address same as above

Subscribed and sworn to before me this 8th day of Dec, 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Norma Middle Jean Last Dunagan

Date of Birth: Month 4 Day 4 Year 34 (58)

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. RI Box 298 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

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? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Carl C. Ellis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ora Katherine Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Norma J. Dunagan Date 12-8-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Norma J. Dunagan
New Address Same as Above

Subscribed and sworn to before me this 8th day of Dec, 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-8-92 *, authorizing the marriage of* RODNEY ALAN BECK *and* NORMA JEAN DUNAGAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. KENNETH SMITH *(name), certify that on* DECEMBER 25, 1992 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* RODNEY ALAN BECK *of* HENDRICKS *County* IN *(state), and* NORMA JEAN DUNAGAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-25-92 *. Signed by:* /s/ REV. KENNETH SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-29-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

114

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 639

File

12-11-92
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

Name: First Randall Middle R. Last Caswell

Date of Birth: Month 8 Day 02 Year 66

Place of Birth (State or foreign country) Ill

Residence Address: Street or R.R. P.O. Box 806 City Beggs County OKL. State Okmulgee

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none

6. (a) Full name of applicant's father Richard B. Caswell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 1725 McGlenta Belleville Ill.
   Birthplace of father (State or foreign country) E. St. Louis Ill.
   (b) Full maiden name of applicant's mother Joan L. Easton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Randall R. Caswell Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Randall Caswell

New Address

Subscribed and sworn to before me this 11th day of Dec, 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Lori Middle a. Last Morton

Date of Birth: Month 5 Day 17 Year 72

Place of Birth (State or foreign country) Indpls In.

Residence Address: Street or R.R. 430 Aspen Dr. City Brownsburg County Hn. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none.

6. (a) Full name of applicant's father LeRoy Morton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) same as above
   Birthplace of father (State or foreign country) Indpls
   (b) Full maiden name of applicant's mother Margaret A. Washburn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same
   Birthplace of mother (State or foreign country) Indiana.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Lori A. Morton Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Lori A. Morton

New Address

Subscribed and sworn to before me this 11th day of Dec, 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-11-92 *, authorizing the marriage of* RANDALL R. CASWELL *and* LORI A. MORTON *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD CASWELL *(name), certify that on* JANUARY 2, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 640

HENDRICKS County

File

12-11-92
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 6-9-92
Name of Physician Fairhart, MD

MALE APPLICANT

Name: First Charles Middle L. Last Williams Jr.
Date of Birth: Month 6 Day 18 Year 51
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8908 Bridlewood Dr. City Indpls, County Marion, State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date '77
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Leslie Williams, Sr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Delores Jean Bowers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Charles L. Williams Date 12/11/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Charles L. Williams
New Address Same
Subscribed and sworn to before me this 11th day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Rachelle Middle A. Last Wantz
Date of Birth: Month 11 Day 25 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 250 S. Wash. St. City Danville, County Hendricks, State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date '86
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jacob Reeves Wantz, Anna Elizabeth Wantz
6. (a) Full name of applicant's father Robert Earl Reeves
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosella Jan Heifner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Rachelle A. Wantz Date 12/11/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Rachelle A. Wantz
New Address _____
Subscribed and sworn to before me this 11th day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-11-92 *, authorizing the marriage of* CHARLES L. WILLIAMS, JR. *and* RACHELLE A. WANTZ *. I further certify that the following marriage certificate was filed in my office: I,* DANIEL C. OWENS *(name), certify that on* DECEMBER 11, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHARLES L. WILLIAMS, JR. *of* MARION *County* IN *(state), and* RACHELLE A. WANTZ *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-11-92 *. Signed by:* /s/ DANIEL C. OWENS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-15-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 641

File

12-14-92 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 Karen Johnson, M.D.

MALE APPLICANT

Name: First James Middle Owen Last Higgins

Date of Birth: Month 4 Day 01 Year 1941

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 51 S. Grant City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Owen W. Higgins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Florence Schauffner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X James O. Higgins Date 12-14-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James O. Higgins
New Address Same as above

Subscribed and sworn to before me this 14 day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Barbara Middle Joan Last Jaffke

Date of Birth: Month 5 Day 1 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 51 S. Grant City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1982

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Vincent Critchfield 20
   Amber Critchfield 17
   Alicia Critchfield 13

6. (a) Full name of applicant's father Dale Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Rose Ann Sommers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Barbara J. Jaffke Date 12-14-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Barbara J. Jaffke
New Address Same as above

Subscribed and sworn to before me this 14 day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-14-92 *, authorizing the marriage of* JAMES OWEN HIGGINS *and* BARBARA JOAN JAFFKE *. 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), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES OWEN HIGGINS *of* HENDRICKS *County* IN *(state), and* BARBARA JOAN JAFFKE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-14-92 *. 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* 12-14-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 642

HENDRICKS County

File

12-14-92
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 Haggerty

MALE APPLICANT

Name: First Cory Middle Lee Last Klinedinst

Date of Birth: Month 5 Day 19 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2108 South SR 75 City Danville County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Kenneth L. Klinedinst
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sue A. Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Cory Klinedinst Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Cory Klinedinst

New Address

Subscribed and sworn to before me this 14th day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Brandi Middle M Last Wallace

Date of Birth: Month 3 Day 24 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2108 South SR 75 City Danville County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James M Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Edna M Branson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Brandi M. Wallace Date 12-14-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Brandi M. Wa

New Address

Subscribed and sworn to before me this 14th day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-14-92 *, authorizing the marriage of* CORY L. KLINEDINST *and* BRANDI M. WALLACE *. 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), at* DANVILLE *in* HENDRICKS *County, Indiana,* CORY L. KLINEDINST *of* HENDRICKS *County* IN *(state), and* BRANDI M. WALLACE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-14-92 *. 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* 12-14-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 643

HENDRICKS County

File

12-14-92
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 Robert McCaslin, M.D.

F6 MALE APPLICANT

Name: First Ava Middle Lea Last McKamey
Date of Birth: Month 4 Day 4 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8 Maple Trn. Apt. 7, City Brownsburg, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Reese McKamey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Cavida
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ava McKamey Date 12-14-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ava McKamey
New Address Same as Above
Subscribed and sworn to before me this 14 day of December, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

M MALE APPLICANT

Name: First Jason Middle Lynn Last Coldiron (COLDIRON)
Date of Birth: Month 6 Day 1 Year 1973
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8 Maple Trn., Apt. 7, City Brownsburg, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Military Identification

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Gary L. Coldiron
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dora Henson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mississippi
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jason L. Coldiron Date 12-14-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jason L. Coldiron
New Address Same as Above
Subscribed and sworn to before me this 14 day of December, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-14-92 *, authorizing the marriage of* JASON LYNN COLDIRON *and* AVA LEA McKAMEY *. I further certify that the following marriage certificate was filed in my office: I,* LORE BLINN GIBSON *(name), certify that on* 12-18-92 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* JASON LYNN COLDIRON *of* HENDRICKS *County* IN *(state), and* AVA LEA McKAMEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-14-92 *. Signed by:* /s/ LORE BLINN GIBSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-23-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 644

HENDRICKS 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 12-8-92
Name of Physician Sara Murphy M.D.

MALE APPLICANT

Name: First Leo Middle John Last Brown

Date of Birth: Month 12 Day 4 Year 47

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 11335 W. Washington City Bx 44 County State Indpls. In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Walter William Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Catherine Hahn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Leo Brown Date 12-15-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Leo Brown
New Address Same

Subscribed and sworn to before me this 15th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Renee Last Buis

Date of Birth: Month 12 Day 19 Year 70

Place of Birth (State or foreign country) Greencastle In

Residence Address: Street or R.R. 11335 W. Washington City Bx 44 County State Indpls. In. 46231

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Dennis Wayne Buis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Stilesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred Elaine Rhea
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karen R. Buis Date 12-15-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Karen R. Buis
New Address Same

Subscribed and sworn to before me this 15th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-92 *, authorizing the marriage of* LEO JOHN BROWN *and* KAREN RENEE BUIS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* DECEMBER 15, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LEO JOHN BROWN *of* HENDRICKS *County* IN *(state), and* KAREN RENEE BUIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-92 *. 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* 12-15-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 645

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

Name: First Gary Middle B. Last Helton
Date of Birth: Month 11 Day 7 Year 53
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 330 N 200 W City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Cecil S. Helton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy J. ~~Lieske~~ LIESKE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gary B Helton Date 12-15-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gary B Helton
New Address 5 Pms
Subscribed and sworn to before me this 15th day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle E. Last Carroll
Date of Birth: Month 1 Day 27 Year 51
Place of Birth (State or foreign country) Kokomo, In.
Residence Address: Street or R.R. 330 N 200 W City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Raymond D. Matt (Grandfather)
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lucretia Matt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Patricia E Carroll Date 12/15/92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Patricia E Carroll
New Address same
Subscribed and sworn to before me this 15th day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-92 *, authorizing the marriage of* GARY B. HELTON *and* PATRICIA E. CARROLL *. I further certify that the following marriage certificate was filed in my office: I,* THOMAS J. DAVIS *(name), certify that on* DECEMBER 27, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GARY B. HELTON *of* HENDRICKS *County* IN *(state), and* PATRICIA E. CARROLL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-92 *. Signed by:* /s/ THOMAS J. DAVIS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 646

HENDRICKS 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

Name: First Wayne Middle D. Last Cox

Date of Birth: Month 9 Day 21 Year 33

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. Rt 18 6 City Stilesville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Paul E. Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Mildred L. Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Belle Union, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Wayne D. Cox Date 12-15-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Wayne D. Cox
New Address same

Subscribed and sworn to before me this 15th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Shirley Middle A. Last Fowler

Date of Birth: Month 1 Day 26 Year 38

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 3135 Mt. Olive City Martinsville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Frank Leslie Dickey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ethel Annette Pugh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Shirley A. Fowler Date 12-15-92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Shirley A. Fowler
New Address 134 186 Stilesville In

Subscribed and sworn to before me this 15th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-92 *, authorizing the marriage of* WAYNE D. COX *and* SHIRLEY A. FOWLER *. I further certify that the following marriage certificate was filed in my office:*

I, STEVAN W. RANSON *(name), certify that on* JANUARY 1, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,*

WAYNE D. COX *of* HENDRICKS *County* IN *(state), and*

SHIRLEY A. FOWLER *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-1-93 *.*

Signed by: /s/ STEVAN W. RANSON *,* MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 647

HENDRICKS County

File

12-16-92
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 ☐
If No, Medical Examination or Report Dated 12-14-92
Name of Physician Robert S. Hoenell, M.D.

MALE APPLICANT

Name First Thomas Middle Michael Last Jordan, Jr.
Date of Birth Month 12 Day 7 Year 54
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address Street or R.R. 303 S. Green St. City Brownsburg County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michael Jordan 13 yrs.
6. (a) Full name of applicant's father Thomas M. Jordan Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Geneva Harris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Thomas M. Jordan Jr Date 12-16-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Thomas M. Jordan Jr.
New Address _____
Subscribed and sworn to before me this 16th day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Sheila Middle Louise Last Dale
Date of Birth Month 6 Day 16 Year 57
Place of Birth (State or foreign country) Detroit, Mi.
Residence Address Street or R.R. 303 S. Green City Brownsburg County In. State 46112
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michael Dale 18 yrs.
   Travis Dale 16 yrs.
6. (a) Full name of applicant's father Lester Von Ammons
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Elizabeth Louise Pierson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sheila L Dale Date 12-16-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sheila L Dale
New Address _____
Subscribed and sworn to before me this 16th day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-16-92 *, authorizing the marriage of* THOMAS MICHAEL JORDAN, JR. *and* SHEILA LOUISE DALE *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM J. BROWN *(name), certify that on* DECEMBER 25, 1992 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* THOMAS MICHAEL JORDAN, JR. *of* HENDRICKS *County* IN *(state), and* SHEILA LOUISE DALE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-16-92 *. Signed by:* /s/ WM. J. BROWN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-29-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 648

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated 11-30-92
Name of Physician Dr. Black

MALE APPLICANT

Name: First WILLIAM Middle S. Last ATKINS

Date of Birth: Month 11 Day 14 Year 47

Place of Birth (State or foreign country): Calif.

Residence Address: Street or R.R. 116 Prairie Parkway City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988.

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. William Age 17

6. (a) Full name of applicant's father Joseph Ace Earl Atkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Heritage Lake, Ind.
   Birthplace of father (State or foreign country) Draper In.
   (b) Full maiden name of applicant's mother Arnette Mae Adams.
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Heritage Lake, In.
   Birthplace of mother (State or foreign country) Naples,

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ William S Atkins Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ William S Atkins

New Address

Subscribed and sworn to before me this 18 day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Rochelle Middle L. Last Henderson

Date of Birth: Month 3 Day 8 Year 59.

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 232 S. Green Street Apt. A City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. 1 Daughter Age 13 - Away

6. (a) Full name of applicant's father Marion Lee Lukenbills
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Betty Grace Henderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Rochelle L. Henderson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Rochelle L. Henderson

New Address

Subscribed and sworn to before me this 18 day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-92 *, authorizing the marriage of* WILLIAM S. ATKINS *and* ROCHELLE L. HENDERSON *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT W. FREESE *(name), certify that on* DECEMBER 18, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* WILLIAM S. ATKINS *of* HENDRICKS *County* IN *(state), and* ROCHELLE L. HENDERSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-18-92 *. Signed by:* /s/ ROBERT W. FREESE JUDGE, BROWNSBURG TOWN COURT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-92 *(date).*

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 649

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 ☐
If No, Medical Examination or Report Dated
Name of Physician D. Midla, M.D.

MALE APPLICANT

Name: First Brian Middle Edward Last Robbins

Date of Birth: Month 2 Day 16 Year 66

Place of Birth (State or foreign country) Grand Forks, N. Dakota

Residence Address: Street or R.R. 11225 W. Washington Lot 56, City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Joseph Arthur Gladue
   (If adopted, list adoptive parents only) John Melvin Robbins
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) Nebraska
   (b) Full maiden name of applicant's mother Noreen Marie Deitz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cartersburg, In.
   Birthplace of mother (State or foreign country) N. Dakota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Brian E. Robbins Date 12-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Brian E. Robbins

New Address Same

Subscribed and sworn to before me this 18th day of Dec., 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Jean Last Scatten

Date of Birth: Month 4 Day 24 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 11225 W. Washington Lot 56, City Indpls. County State In. 46231

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Crystal Dawn Scatten 2½ yrs.

6. (a) Full name of applicant's father Delbert Wayne Fidler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Jean Deer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kimberly J. Scatten Date 12-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kimberly J. Scatten

New Address Same

Subscribed and sworn to before me this 18th day of Dec., 1992

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-92 *, authorizing the marriage of* BRIAN EDWARD ROBBINS *and* KIMBERLY JEAN SCOTTEN *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* DECEMBER 18, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____ BRIAN EDWARD ROBBINS *of* HENDRICKS *County* IN *(state), and* _____ KIMBERLY JEAN SCOTTEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-18-92 *. 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* 12-18-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 650

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated
Name of Physician Larry Lovell, MD

MALE APPLICANT

Name: First Irl Middle Huffy Last Orr III

Date of Birth: Month 4 Day 11 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 44 N. St. Rd. 75 City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Nichols Dustin Orr, Kristi Nichole Orr, Nathan Travis Orr
6. (a) Full name of applicant's father Irl Huffy Orr, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ellen Theison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Irl H. Orr III Date 12/18/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Irl H. Orr III
New Address Same
Subscribed and sworn to before me this 18th day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Penny Middle Michelle Last Alexander

Date of Birth: Month 8 Day 29 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lyndsie Christine Michelle Alexander
6. (a) Full name of applicant's father Thomas Ray Britton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Oregon
   (b) Full maiden name of applicant's mother Carol Jean Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Penny M. Alexander Date 12-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Penny M. Alexander
New Address _____
Subscribed and sworn to before me this 18th day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-92 *, authorizing the marriage of* IRL HUFFY ORR III *and* PENNY MICHELLE ALEXANDER *. I further certify that the following marriage certificate was filed in my office: I,* ENOCH S. RALPH *(name), certify that on* DECEMBER 23, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* IRL HUFFY ORR III *of* HENDRICKS *County* IN *(state), and* PENNY MICHELLE ALEXANDER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-18-92 *. Signed by:* /s/ ENOCH S. RALPH, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-28-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 651

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 ☐
If No, Medical Examination or Report Dated 12-15-92
Name of Physician D. Baisy M.D.

MALE APPLICANT

Name: First Charles Middle Ross Last Turner
Date of Birth: Month 12 Day 1 Year 61
Place of Birth (State or foreign country) Lafayette In.
Residence Address: Street or R.R. 15 Lake Dr. N. City Brownsburg County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jonathan Joe Turner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lafayette, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice Irene Alspaugh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lafayette, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Charles R Turner Date 12-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Charles R. Turner
New Address Same
Subscribed and sworn to before me this 18th day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Kay Last Bunjes
Date of Birth: Month 6 Day 11 Year 68
Place of Birth (State or foreign country) St. Francis, Ks.
Residence Address: Street or R.R. 15 Lake Dr. N. City Brownsburg County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Lucien Allen Bunjes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St. Francis Ks.
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Kathryn Louise Neville
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) St. Francis, Ks.
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Melissa K. Bunjes Date 12-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Melissa K. Bunjes
New Address Same
Subscribed and sworn to before me this 18th day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-92 *, authorizing the marriage of* CHARLES R. TURNER *and* MELISSA K. BUNJES *. 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 *in* HENDRICKS *County, Indiana,* CHARLES R. TURNER *of* HENDRICKS *County* IN *(state), and* MELISSA K. BUNJES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-18-92 *. 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* 12-18-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 652

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated 12-7-92
Name of Physician Wm Edwards, M.D.

MALE APPLICANT

Name: First Larry Middle L. Last Waldrup

Date of Birth: Month 8 Day 31 Year 61

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 914 Pinewood Dr. Apt B City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clemon Walter Waldrup
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Iva Nell Duncan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Larry Waldrup Date 12-18-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Larry Waldrup
New Address SAME

Subscribed and sworn to before me this 18th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle Anita Last Nuckels

Date of Birth: Month 8 Day 7 Year 63

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 914 Pinewood Dr. Apt B City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Willard James Nuckels
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mt. Carmel, In.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Helen Geneva Ball
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robin Anita Nuckels Date 12/18/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Robin Anita Nuckels
New Address SAME

Subscribed and sworn to before me this 18th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-31-92 *, authorizing the marriage of* LARRY L. WALDRUP *and* ROBIN ANITA NUCKELS *. 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 *in* MORGAN *County, Indiana,* LARRY L. WALDRUP *of* HENDRICKS *County* IN *(state), and* ROBIN ANITA NUCKELS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-18-92 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 653

HENDRICKS County

File

12-21-92
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 ☐
If No, Medical Examination or Report Dated 12-21-92
Name of Physician Dr Kenneth Gray

MALE APPLICANT

Name: First Curtis Middle Albert Last VanWanzeele
Date of Birth: Month Nov Day 16 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5995 Oak Hill Dr City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Steven Charles VanWanzeele
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rebecca Sue Long
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Curtis A. VanWanzeele Date 12/21/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Curtis A. VanWanzeele
New Address 5995 Oak Hill Dr. Plainfield, In.
Subscribed and sworn to before me this 21 day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Julie Middle Ann Last Wright
Date of Birth: Month Oct Day 19 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1754 Rachel Dr City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ned Howard Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Carol Nelson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Julie A. Wright Date 12/21/92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Julie A. Wright
New Address same
Subscribed and sworn to before me this 21 day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-92 *, authorizing the marriage of* CURTIS ALBERT VANWANZEELE *and* JULIE ANN WRIGHT *. I further certify that the following marriage certificate was filed in my office: I,* RON HALLOCK *(name), certify that on* DECEMBER 26, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* CURTIS ALBERT VANWANZEELE *of* HENDRICKS *County* IN *(state), and* JULIE ANN WRIGHT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-26-92 *. Signed by:* /s/ RON HALLOCK *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 654

File

12-21-92
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Booth

MALE APPLICANT

Name: First Chan Middle Woo Last Lee

Date of Birth: Month 7 Day 15 Year 55

Place of Birth (State or foreign country) S. Korea

Residence Address: 4224 Street or R.R. Frendswood City Plainfield County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) International Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sandra B. Lee
6. (a) Full name of applicant's father Chun Suk Lee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Jum Sun Park
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Chan W. Lee Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Chan W. Lee
New Address

Subscribed and sworn to before me this 21st day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Suk Middle H Last Kim

Date of Birth: Month 4 Day 6 Year 63

Place of Birth (State or foreign country) South Korea

Residence Address: 4224 Street or R.R. Frendswood City Plainfield County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sandra B. Lee
6. (a) Full name of applicant's father Dong J. Kim
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New York
   Birthplace of father (State or foreign country) S. Korea
   (b) Full maiden name of applicant's mother Kung S. Kwang
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New York
   Birthplace of mother (State or foreign country) S. Korea

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Suk H Kim Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Suk H Kim
New Address

Subscribed and sworn to before me this 21st day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-92 *, authorizing the marriage of* CHAN WOO LEE *and* SUK H. KIM *. I further certify that the following marriage certificate was filed in my office: I,* JOHN HESSELDENZ *(name), certify that on* 12-22-92 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHAN WOO LEE *of* HENDRICKS *County* IN *(state), and* SUK H. KIM *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-22-92 *. Signed by:* /s/ JOHN HESSELDENZ *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-22-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 655

File

12-21-92
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 ☐
If No, Medical Examination or Report Dated 11-11-92
Name of Physician S. Spitsdynk

MALE APPLICANT

Name: First John Middle Joseph Last Day
Date of Birth: Month 6 Day 28 Year 72
Place of Birth (State or foreign country) Cleveland, Ohio
Residence Address: Street or R.R. 789 Forest Ln., City Plainfield, County, State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John A. Day
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenfield, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Frances Vito Lieto
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenfield, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John J. Day Date 12/21/92

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 12/21/92

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John J. Day

New Address

Subscribed and sworn to before me this 21st day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this ____ day of ____, 19 ____

Clerk

FEMALE APPLICANT

Name: First Melissa Middle Dee Last Clevenger
Date of Birth: Month 12 Day 10 Year 74
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 789 Forest Ln., City Plainfield, County, State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard David Clevenger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Palestine, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Melinda Jean Thomas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Melissa D. Clevenger Date 12-21-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Melissa Dee Clevenger

New Address

Subscribed and sworn to before me this 21st day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this ____ day of ____, 19 ____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-92 *, authorizing the marriage of* JOHN JOSEPH DAY *and* MELISSA DEE CLEVENGER *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD CLEVENGER *(name), certify that on* DECEMBER 26, 1992 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JOHN JOSEPH DAY *of* HENDRICKS *County* IN *(state), and* MELISSA DEE CLEVENGER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-26-92 *. Signed by:* /s/ RICHARD CLEVENGER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-29-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 656

File

12-21-92
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 ☐
If No, Medical Examination or Report Dated 12-12-92
Name of Physician J. Alice Bros Bishopric M.D.

MALE APPLICANT

Name: First James Middle Herbert Last Teague Jr.
Date of Birth: Month 9 Day 19 Year 41
Place of Birth (State or foreign country) Hickory, N. Carolina
Residence Address: Street or R.R. Rt 8 Box 125 City Hickory County State N.C.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Herbert Teague
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Rosalee Dunkle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) N. Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James Herbert Teague Jr Date 12-21-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James Herbert Teague Jr
New Address Same
Subscribed and sworn to before me this 21st day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Susie Middle — Last Brown
Date of Birth: Month 6 Day 12 Year 46
Place of Birth (State or foreign country) Newton, N.C. (Catawba Cty)
Residence Address: Street or R.R. Rt 8 Box 125 City Hickory County State N.C.
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. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Karlie Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Jessie Mae Martin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sherrills Ford N.C.
   Birthplace of mother (State or foreign country) N. Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Susie Brown Date 12-21-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Susie Brown
New Address Same
Subscribed and sworn to before me this 21st day of Dec, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-92 *, authorizing the marriage of* JAMES HERBERT TEAGUE, JR. *and* SUSIE BROWN *. I further certify that the following marriage certificate was filed in my office: I,* ANDREW P. CRAWLEY *(name), certify that on* DECEMBER 22, 1992 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* JAMES HERBERT TEAGUE, JR. *of* CATAWBA *County* NORTH CAROLINA *(state), and* SUSIE BROWN *of* CATAWBA *County* NORTH CAROLINA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-21-92 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 657

File

12-21-92
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 ☐
If No, Medical Examination or Report Dated 12-21-92
Name of Physician Mark Fisk, M.D.

MALE APPLICANT

Name: MARZOUK — First: Marzouk — Middle: — Last: CHABKOUN

Date of Birth: Month 01 Day 1 Year 1926

Place of Birth (State or foreign country): Damascus, Syria

Residence Address: Street or R.R. 5971 Williams Dr., City Plainfield, County —, State In. 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Indiana Identification Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Mohammed Chabkoun
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Damascus Syria
   (b) Full maiden name of applicant's mother Mozian A Chokier
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Syria

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 12-21-92

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 —

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Marzoukchabkoun [signature]
New Address Same

Subscribed and sworn to before me this 21st day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of HENDRICKS) ss:

Father — ID # —
Mother — ID # —

Subscribed and sworn to before me this — day of —, 19 —

— Clerk

FEMALE APPLICANT

Name: Rose Marie — First — Middle — Last: Ford

Date of Birth: Month 8 Day 24 Year 54

Place of Birth (State or foreign country): Minneapolis Mn.

Residence Address: Street or R.R. 8942 A Compton St, City Indianapolis, County —, State In. 46240

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Arthur Gilbert Docken
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Nebraska
   (b) Full maiden name of applicant's mother Dorothy Ann Hilger
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant RoseMarie Ford Date 21 Dec 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 —

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed RoseMarie Ford
New Address 5971 Williams Dr. Plainfield, IN 46168

Subscribed and sworn to before me this 21st day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of HENDRICKS) ss:

Father — ID # —
Mother — ID # —

Subscribed and sworn to before me this — day of —, 19 —

— Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-92 *, authorizing the marriage of* MARZOUK CHABKOUN *and* ROSE MARIE FORD *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* DECEMBER 21, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MARZOUK CHABKOUN *of* HENDRICKS *County* IN *(state), and* ROSE MARIE FORD *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-21-92 *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* 12-21-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 658

HENDRICKS County

File

12-21-92 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 ☐
If No, Medical Examination or Report Dated 12-22-92
Name of Physician Brownsburg Medical Clinic

MALE APPLICANT

Name: First Curtis Middle Neal Last Bledsoe

Date of Birth: Month 11 Day 28 Year 45

Place of Birth (State or foreign country) Keokee Va.

Residence Address: Street or R.R. RR 1 Box 304 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Bledsoe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Ray Lou Morsingill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pennington Gap, Va.
   Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Curtis N Bledsoe Date 12-21-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Curtis N Bledsoe

New Address Same

Subscribed and sworn to before me this 22nd day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Crystal Middle Gayle Last Bledsoe

Date of Birth: Month 3 Day 28 Year 43

Place of Birth (State or foreign country) Pennington Gap, Va.

Residence Address: Street or R.R. RR 1 Box 304 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Benjamin Franklin Kirk
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Mary Edna Koop
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Big Stone Gap, Va.
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Crystal G. Bledsoe Date 12-21-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Crystal G. Bledsoe

New Address Same

Subscribed and sworn to before me this 22nd day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-92, *authorizing the marriage of* CURTIS NEAL BLEDSOE *and* CRYSTAL GAYLE BLEDSOE. *I further certify that the following marriage certificate was filed in my office: I,* REV. TONY R. CANNON *(name), certify that on* DECEMBER 27, 1992 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CURTIS N. BLEDSOE *of* HENDRICKS *County* IN *(state), and* CRYSTAL GAYLE BLEDSOE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-27-92. *Signed by:* /s/ RONY R. CANNON, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-29-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 659

HENDRICKS County

File

12-21-92
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 ☐
If No, Medical Examination or Report Dated 11-16-92
Name of Physician Stephen C. Steeger, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Paul Last Steward

Date of Birth: Month 12 Day 30 Year 59

Place of Birth (State or foreign country) Jasper In.

Residence Address: Street or R.R. 825-D Fairmead Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Paul Steward
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marilyn Laura ~~Fesner~~ Fresner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeffrey P. Steward Date 12/21/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jeffry P. Steward
New Address Same

Subscribed and sworn to before me this 21st day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Elaine Last Fellows

Date of Birth: Month 3 Day 19 Year 61

Place of Birth (State or foreign country) Terre Haute In.

Residence Address: Street or R.R. 825-D Fairmead Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Vera Woods Fellows
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice Elaine Sawyers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karen E. Fellows Date 12/21/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Karen E. Fellows
New Address same

Subscribed and sworn to before me this 21st day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-92, *authorizing the marriage of* JEFFREY PAUL STEWARD *and* KAREN ELAINE FELLOWS. *I further certify that the following marriage certificate was filed in my office:*

I, ANDREW D. KINSEY *(name), certify that on* JANUARY 2, 1993 *(date), at* TERRE HAUTE *in* VIGO *County, Indiana,* _____

JEFFREY PAUL STEWARD *of* HENDRICKS *County* IN *(state), and* _____

KAREN ELAINE FELLOWS *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/ ANDREW D. KINSEY, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 660

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 ☐
If No, Medical Examination or Report Dated 12-3-92
Name of Physician Charles Jones M.D.

MALE APPLICANT

Name: First David Middle Alan Last Marsh

Date of Birth: Month 7 Day 16 Year 71

Place of Birth (State or foreign country) Modesto, Ca.

Residence Address: Street or R.R. 2211 St. Lucia Ct. City Modesto County State Ca.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Floyd Burtrum Marsh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Los Banos, Ca.
   Birthplace of father (State or foreign country) Okla.
   (b) Full maiden name of applicant's mother Joan Vessel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Modesto, Ca.
   Birthplace of mother (State or foreign country) Okla.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David A. Marsh Date 921222

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David A. Marsh

New Address Same

Subscribed and sworn to before me this 22nd day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Lee Last Waddington

Date of Birth: Month 4 Day 21 Year 73

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 5415 E 800 N City Brownsburg, In County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Keifer Lee Waddington 17 days

6. (a) Full name of applicant's father Miller Lee Waddington
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marjorie Jean Hyatt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Angela L. Waddington 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Angela L. Waddington

New Address Same

Subscribed and sworn to before me this 22nd day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-22-92, *authorizing the marriage of* DAVID ALAN MARSH *and* ANGELA LEE WADDINGTON. *I further certify that the following marriage certificate was filed in my office: I,* LARRY L. BELLVILLE *(name), certify that on* DECEMBER 26, 1992 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID ALAN MARSH *of* STANISLAUS *County* CA *(state), and* ANGELA LEE WASSINGTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-26-92. *Signed by:* /s/ LARRY L. BELLVILLE, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-30-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6600

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 Dr. McCallum

MALE APPLICANT

Name: First Lowell Middle J Last Pruett

Date of Birth: Month 4 Day 3 Year 46

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. RR1 Box 41 City Lizton County State IN 46149

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Henerson A. Pruett

6. (a) Full name of applicant's father Harry Pruett
   (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 Ida Caroline Minnich
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Lowell James Pruett Date 12/21/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Lowell James Pruett

New Address

Subscribed and sworn to before me this 21st day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Dawn Middle A Last Bryan

Date of Birth: Month 10 Day 16 Year 55

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. RR1 Box 41 City Lizton County State IN 46149

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Gene Edward Cross Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Patricia Ann Hall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Dawn A Bryan Date 12-21-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Dawn A Bryan

New Address

Subscribed and sworn to before me this 21st day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-92 *, authorizing the marriage of* LOWELL J. PRUETT *and* DAWN A. BRYAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. CAROL D. FRITZ *(name), certify that on* DECEMBER 24, 1992 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* LOWELL J. PRUETT *of* HENDRICKS *County* IN *(state), and* DAWN A. BRYAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-24-92 *. Signed by:* /s/ REV. CAROL D. FRITZ *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-29-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 662

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated 12-22-92
Name of Physician Dr Pepperger M.D.

MALE APPLICANT

Name: First John Middle Richard Last Konter III
Date of Birth: Month 3 Day 17 Year 57
Place of Birth (State or foreign country) New York, New York
Residence Address: Street or R.R. 132 N 475 E City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Richard Konter II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Huntington, Pa.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Betty Delores Schuberko
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) N. Huntington, Pa.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John R. Konter III 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John R. Konter III
New Address same

Subscribed and sworn to before me this 22nd day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle Sue Last Pruitt
Date of Birth: Month 7 Day 16 Year 50
Place of Birth (State or foreign country) Noblesville In.
Residence Address: Street or R.R. 1040 North 10th St. City Noblesville County State In. 46060
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐ Date 1972
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Christopher Scott Lowther 25yrs.
6. (a) Full name of applicant's father Daniel Lee Garland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Noblesville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeanne Ann Spence
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Noblesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Deborah Sue Pruitt 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Deborah Sue Pruitt
New Address 132 N 475 E. Danville, Ind 46122

Subscribed and sworn to before me this 22nd day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS
Circuit Court

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 663

File

12-28-92
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 Jerry Henderson

MALE APPLICANT

Name: First Ronald Middle James Last Overly

Date of Birth: Month 5 Day 16 Year 60

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Merrill Fredrick Overly
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Phyllis Jean Lehr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Speedway IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ronald J. Overly Date 12-28-92

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Ronald J. Overly

New Address

Subscribed and sworn to before me this 28 day of Dec., 19 92

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Lorraine Last Lahne

Date of Birth: Month 4 Day 4 Year 66

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 157 Sycamore St. City B'burg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Chase Aaron Lahne
6. (a) Full name of applicant's father Larry Lee Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IL
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Anita Cherree Dieu
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Belle FL
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lisa Lorraine Lahne Date 12-28-92

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lisa Lorraine Lahne

New Address

Subscribed and sworn to before me this 28 day of Dec., 19 92

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-92 *, authorizing the marriage of* RONALD JAMES OVERLY *and* LISA LORRAINE LAHNE *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DODSON *(name), certify that on* JANUARY 23, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* RONALD JAMES OVERLY *of* HENDRICKS *County* IN *(state), and* LISA LORRAINE LAHNE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-28-92 *. Signed by:* /s/ REV. DENNIS L. DODSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 664

File

12-28-92
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 W.C. Stafford, M.D.

MALE APPLICANT

Name: First Danny Middle Ray Last Adair
Date of Birth: Month 6 Day 21 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10063 Crawfordsville Rd. City Clermont County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Edward Adair
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Wallsmith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Lori Middle Lynn Last Drennan
Date of Birth: Month 3 Day 16 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10063 Crawfordsville Rd. City Clermont County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard D. Drennan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Louvera Wellington
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Danny Ray Adair Date 122892

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Danny Ray Adair
New Address Same as Above
Subscribed and sworn to before me this 28 day of December, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Lori L Drennan Date 122892

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Lori Lynn Drennan
New Address Same as Above
Subscribed and sworn to before me this 28 day of December, 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-92 *, authorizing the marriage of* DANNY RAY ADAIR *and* LORI LYNN DRENNAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. CECIL PUGH *(name), certify that on* JANUARY 9, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DANNY RAY ADAIR *of* HENDRICKS *County* IN *(state), and* LORI LYNN DRENNAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-28-92 *. Signed by:* /s/ REV. CECIL PUGH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 665

File

12-28-92 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 12-22-92
Name of Physician Dr. Bains

MALE APPLICANT

Name: First John Middle A. Last Adduci

Date of Birth: Month 9 Day 25 Year 64

Place of Birth (State or foreign country) ILL - Chicago

Residence Address: Street or R.R. R#1 Box 258A City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ø

6. (a) Full name of applicant's father Alexander Scotz Adduci
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 1231 N. Whitcomb Indpls
   Birthplace of father (State or foreign country) ILL
   (b) Full maiden name of applicant's mother Linda Marie Klewer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Chicago Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ John A. Adduci Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ John A. Adduci

New Address

Subscribed and sworn to before me this 28th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Nanette Middle M. Last Fox

Date of Birth: Month 2 Day 18 Year 60

Place of Birth (State or foreign country) Indpls, Marion

Residence Address: Street or R.R. 1726 N. Somerset City Av. Meridian County Sp. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ø

6. (a) Full name of applicant's father Harry Eugene Bowman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 1802 Eggletown Rd. Westfield
   Birthplace of father (State or foreign country) Lafayette In.
   (b) Full maiden name of applicant's mother Barbara Jane Hodges
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as above
   Birthplace of mother (State or foreign country) Danville Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Nanette M Fox Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Nanette M Fox

New Address

Subscribed and sworn to before me this 28th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-92 *, authorizing the marriage of* JOHN ALEXANDER ADDUCI *and* NANETTE MARIE FOX *. I further certify that the following marriage certificate was filed in my office: I,* TERRY BAILEY *(name), certify that on* JANUARY 16, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOHN ALEXANDER ADDUCI *of* HENDRICKS *County* IN *(state), and* NANETTE MARIE FOX *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* 1-16-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 666

HENDRICKS County

File

12-29-92
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 Frankfort Medical Center

MALE APPLICANT

Name: First Matthew Middle Frank Last McPeek

Date of Birth: Month 8 Day 1 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 918 W. Main St. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Keith D. McPeek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sally Jane Halpin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Matthew McPeek Date 12-29-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Matthew F McPeek
New Address SAME AS ABOVE

Subscribed and sworn to before me this 29th day of December 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Michaele Middle Jena Last Thompson

Date of Birth: Month 8 Day 29 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3595 A. St. Thomas Ln. City Indpls. County Marion State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Michael J. Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jane Ann Brookbanks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michaele J. Thompson Date 12-29-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michaele J. Thompson
New Address Same as above

Subscribed and sworn to before me this 29th day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-92 *, authorizing the marriage of* MATTHEW FRANK McPEEK *and* MICHAELE JENA THOMPSON *. I further certify that the following marriage certificate was filed in my office: I,* JOHN ANTONE YOUNG *(name), certify that on* DECEMBER 31, 1992 *(date), at* MICHIGANTOWN *in* CLINTON *County, Indiana,* MATTHEW FRANK McPEEK *of* HENDRICKS *County* IN *(state), and* MICHAELE JENA THOMPSON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-92 *. Signed by:* /s/ JOHN ANTONE YOUNG UNIVERSITY CHAPLAIN *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 667

HENDRICKS County

File

12-29-92
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 Eric Clark, M.D.

MALE APPLICANT

Name: First Keith Middle Alan Last Moore

Date of Birth: Month 7 Day 27 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 11225 W. Washington St. Lot 92 City Indpls. County Hendricks State In 46231

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Hershel Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Flora M. Chamnness
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Missouri
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Keith Alan Moore Date 122992

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Keith Alan Moore
New Address Same as Above

Subscribed and sworn to before me this 29 day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Patty Middle Jo Last Banks

Date of Birth: Month 10 Day 19 Year 1947

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 11225 W. Washington Lot 92 City Indpls. County Hendricks State In 46231

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William E. Harrison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother V. Vivian Goins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Patty Jo Banks Date 122992

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Patty Jo Banks
New Address Same as Above

Subscribed and sworn to before me this 29 day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-92 *, authorizing the marriage of* KEITH ALAN MOORE *and* PATTY JO BANKS *. I further certify that the following marriage certificate was filed in my office: I,* TERESA K. WAINSCOTT *(name), certify that on* FEBRUARY 8, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KEITH ALAN MOORE *of* HENDRICKS *County* IN *(state), and* PATTY JO BANKS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-92 *. Signed by:* /s/ TERESA WAINSCOTT JUDGE, MARION COUNTY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 668

HENDRICKS County

File

12-30-92
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 Dr. Mardel

MALE APPLICANT

Name: First Michael Middle T Last Blakley

Date of Birth: Month 4 Day 23 Year 59

Place of Birth (State or foreign country): Indiana

Residence Address: 5435 Longwoods Dr. Street or R.R. Indpls City IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Alvin Payne Blakley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Naomi Louise Adams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant MTB Date 12/30/92

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 12/30

State of Indiana)
County of HENDRICKS) ss: MTB

I swear/affirm that the information given in this application is true and correct.

X Signed _____

New Address 1150 N Shore Drive Martinsville 46151

Subscribed and sworn to before me this 30th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Wendy Middle D Last Gerber

Date of Birth: Month 1 Day 20 Year 72

Place of Birth (State or foreign country): Minnesota

Residence Address: 10 Londonderry Ct. Street or R.R. Danville City IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ernest Gerber
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Sharon Fay Dehaan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Wendy D Gerber Date 12/30/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Wendy D Gerber

New Address 150 N Shore Dr. Martinsville IN 46151 ~~46122~~

Subscribed and sworn to before me this 30th day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-30-92 *, authorizing the marriage of* MICHAEL TERRY BLAKLEY *and* WENDY DAWN GERBER *. I further certify that the following marriage certificate was filed in my office: I,* REX H. EATON *(name), certify that on* JANUARY 1, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MICHAEL TERRY BLAKLEY *of* MORGAN *County* IN *(state), and* WENDY DAWN GERGER *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* 1-1-93 *. Signed by:* /s/ REX H. EATON *,* YOUTH MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 669

File

12-30-92 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 J. Kerlin

MALE APPLICANT

Name: First Marvin Middle Ray Last Samples

Date of Birth: Month 3 Day 4 Year 56

Place of Birth (State or foreign country) GA

Residence Address: Street or R.R. R 3 Box 3072 City New Hope Rd. County Dawson State Dawsonville GA

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-87

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Rebecca D., Wesley Ray
6. (a) Full name of applicant's father Marvin Ralph Samples
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dawsonville Georgia
   Birthplace of father (State or foreign country) GA
   (b) Full maiden name of applicant's mother Nora Alice Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) GA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Marvin Ray Samples Date 12-30-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Marvin Ray Samples

New Address _____

Subscribed and sworn to before me this 30 day of 12, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jammye Middle Johanna Last Higgins

Date of Birth: Month 12 Day 20 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 2 Box A City Clayton County _____ State IN 46118

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kenneth Paul
6. (a) Full name of applicant's father James Owen Higgins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Melva Jean Meador
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jammye Johanna Higgins Date 12/30/92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jammye Johanna Higgins

New Address _____

Subscribed and sworn to before me this 30 day of 12, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-30-92 *, authorizing the marriage of* MARVIN RAY SAMPLES *and* JAMMYE JOHANNA HIGGINS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* DECEMBER 30, 1992 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MARVIN RAY SAMPLES *of* DAWSON *County* GA *(state), and* JAMMYE JOHANNA HIGGINS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-30-92 *. 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* 12-30-92 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 670

HENDRICKS County

File

12-30-92
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 Dr Wilmont

MALE APPLICANT

Name: First William Middle Edward Last Emberton

Date of Birth: Month 5 Day 31 Year 1964

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 4332 Exmoor Ct. City Indianapolis County Marion State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard J. Emberton Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Elsamae Kirby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X William Edward Emberton Date 12-30-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X William Edward Emberton
New Address Same as Above

Subscribed and sworn to before me this 30 day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Teri Middle Ann Last Marquis

Date of Birth: Month 1 Day 25 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1013 E. Buchanan City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James R. Marquis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda J. Sharp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Teri Ann Marquis Date 12-30-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Teri Ann Marquis
New Address

Subscribed and sworn to before me this 30 day of December, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-30-92 *, authorizing the marriage of* WILLIAM EDWARD EMBERTON *and* TERI ANN MARQUIS *. I further certify that the following marriage certificate was filed in my office: I,* J. ROBERT CLARK *(name), certify that on* JANUARY 16, 1993 *(date), at* PERU *in* MIAMI *County, Indiana,* WILLIAM EDWASRD EMBERTON *of* MARION *County* IN *(state), and* TERI ANN MARQUIS *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* 1-16-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 671

File

12-31-92
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 12-31-92
Name of Physician Howard Harrison

MALE APPLICANT

Name: First Michael Middle Zane Last Johnson
Date of Birth: Month 7 Day 15 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Rt. 4 Box 252B City Clayton County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harry Zane Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lydia Lou McCloud
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Michael Z Johnson Date 12-31-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Michael Z Johnson
New Address Washington St., Danville
Subscribed and sworn to before me this 31st day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Kay Last Partin
Date of Birth: Month 4 Day 7 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Rt. 1 Box 155 City Clayton County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☑ Other (Specify) Indiana Identification Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Eugene Partin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Penny Elouise Morris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Angela K. Partin Date 12-31-92

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Angela K. Partin
New Address _____
Subscribed and sworn to before me this 31st day of Dec., 19 92
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-31-92 *, authorizing the marriage of* MICHAEL Z. JOHNSON *and* ANGELA K. PARTIN *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM E. WRIGHT *(name), certify that on* JANUARY 8, 1993 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* MICHAEL Z. JOHNSON *of* HENDRICKS *County* IN *(state), and* ANGELA K. PARTIN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-31-92 *. Signed by:* /s/ REV. WM. E. WRIGHT *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 672

HENDRICKS County

File

12-31-92
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 Charles Dripps

MALE APPLICANT

Name: First Dan Middle Edward Last Lyon

Date of Birth: Month 9 Day 29 Year 47

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 975 Randall Rd. City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9.89

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lora, Angie, Terri Tony
6. (a) Full name of applicant's father John Edward Lyon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Betty Jo Bumberto
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Dan E. Lyon Date 12-31-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Dan E. Lyon

New Address _____

Subscribed and sworn to before me this 31 day of Dec., 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Myra Middle Ellen Last Hoyt

Date of Birth: Month 7 Day 20 Year 53

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. & Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10.91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Melissa, Justin
6. (a) Full name of applicant's father Jack Nelson Swinford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Helen Lenora Warren
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN Plfd.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Myra Ellen Hoyt Date 12-31-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Myra Ellen Hoyt

New Address _____

Subscribed and sworn to before me this 31 day of Dec, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-31-92 *, authorizing the marriage of* DAN E. LYON *and* MYRA E. HOYT *. I further certify that the following marriage certificate was filed in my office: I,* JAMES D. SPENCER *(name), certify that on* JANUARY 23, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAN E. LYON *of* HENDRICKS *County* IN *(state), and* MYRA E. HOYT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-31-92 *. Signed by:* /s/ JAMES D. SPENCER PLAINFIELD TOWN COURT JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed
Indiana State E
Health under A
of IC 31-7-3

Please Do Not Publish

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 1

HENDRICKS County

File

1-4-93
Date of Application

IC 31-7-9- **for license.**
A person clerk of the circuit co ense under 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 Edmund Middle William Last Adams
Date of Birth: Month 11 Day 16 Year 33
Place of Birth (State or foreign country) PA
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Paul John Adams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) PA
   (b) Full maiden name of applicant's mother Mary Arendas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) PA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Edmund W Adams Date 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Edmund W Adams
New Address _____
Subscribed and sworn to before me this 4 day of Jan, 19 93
Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Maxine Middle Judith Last Wright
Date of Birth: Month 1 Day 26 Year 23
Place of Birth (State or foreign country) Putnam Co. MO
Residence Address: Street or R.R. 337 N. Washington City Danville County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1-52
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Charles Foster Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) MO
   (b) Full maiden name of applicant's mother Bessie Louise Sivetts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Unionville MO
   Birthplace of mother (State or foreign country) MO

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Maxine J Wright Date 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Maxine J Wright
New Address _____
Subscribed and sworn to before me this 4 day of Jan, 19 93
Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-4-93 *, authorizing the marriage of* EDMUND W. ADAMS *and* MAXINE J. WRIGHT *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 1-4-93 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* EDMUND W. ADAMS *of* HENDRICKS *County* IN *(state), and* MAXINE J. WRIGHT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-4-93 *. 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* 1-4-93 *(date).*

Signed Lonnie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 2

HENDRICKS County

File

1-4-93 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 ☐
If No, Medical Examination or Report Dated 12-17-92
Name of Physician O. Kourany, M.D.

MALE APPLICANT

Name: First David Middle Fredrick Last Shorter

Date of Birth: Month 5 Day 2 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 981 W. Main St. Apt 4 City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father David Leslie Shorter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crawfordsville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Jean Butcher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crawfordsville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David F. Shorter Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David F. Shorter
New Address 981 W. Main Apt 4 Danville In.

Subscribed and sworn to before me this 4th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Denise Last Smith

Date of Birth: Month 1 Day 5 Year 73

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R.R. RR2 Box 276 City Clayton County, State In. 46118

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James Donald Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bx Clayton In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Shirley Arline Gentry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michelle D. Smith Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michelle D Smith
New Address 981 W Main St. Apt. 4 Danville IN.

Subscribed and sworn to before me this 4th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-4-93 *, authorizing the marriage of* DAVID FREDRICK SHORTER *and* MICHELLE DENISE SMITH *. I further certify that the following marriage certificate was filed in my office: I,* JAMES L. THOMPSON *(name), certify that on* JANUARY 16, 1993 *(date), at* CAMBY *in* MARION *County, Indiana,* DAVID FREDRICK SHORTER *of* HENDRICKS *County* IN *(state), and* MICHELLE DENISE SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-4-93 *. Signed by:* /s/ JAMES L. THOMPSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 3

File

1-5-93 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 12-11-92
Name of Physician D. Wilmot, M.D.

MALE APPLICANT

Name: First Mark Middle Allen Last Hindsley

Date of Birth: Month 6 Day 10 Year 49

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 26 E. Main City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Gene Alden Hindsley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clermont, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Theresa Ann Dillon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clermont, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark A. Hindsley Date 1-5-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mark A. Hindsley

New Address 207 W. TILDEN

Subscribed and sworn to before me this 5TH day of JAN, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Deanna Middle Kay Last Linn

Date of Birth: Month 9 Day 12 Year 45

Place of Birth (State or foreign country) Washington, D.C.

Residence Address: Street or R.R. 207 W. Tilden Dr. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jewell Marcus Vidita
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Leona Louise Duffard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Deanna K. Linn Date 1-5-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Deanna K. Linn

New Address SAME

Subscribed and sworn to before me this 5th day of January, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-5-93 *, authorizing the marriage of* MARK ALLEN HINDSLEY *and* DEANNA KAY LINN *. I further certify that the following marriage certificate was filed in my office: I,* DAVID L. WOHLENHAUS *(name), certify that on* JANUARY 9, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MARK ALLEN HINDSLEY *of* HENDRICKS *County* IN *(state), and* DEANNA KAY LINN *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* 1-5-93 *. Signed by:* /s/ DAVID L. WOHLENHAUS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4

File

1-7-93 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 ☐
If No, Medical Examination or Report Dated 1-7-93
Name of Physician D. Johnson, M.D.

MALE APPLICANT

Name: First John Middle David Last Clossey

Date of Birth: Month 8 Day 25 Year 66

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 601 W. Township Line Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr-Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Cynthia Kathleen Clossey 11 mo.
6. (a) Full name of applicant's father Joseph Eugene Clossey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Lee Ward
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John D Clossey Date 1-7-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John D. Clossey
New Address Same

Subscribed and sworn to before me this 7th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michele Middle Marie Last Collins

Date of Birth: Month 10 Day 6 Year 71

Place of Birth (State or foreign country) North Hollywood, Ca.

Residence Address: Street or R.R. 601 W. Township Line Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Cynthia Kathleen Clossey 11 mo.
6. (a) Full name of applicant's father Paul Peter Mosinski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway, In.
   Birthplace of father (State or foreign country) Poz. Ohio
   (b) Full maiden name of applicant's mother Gloria Reginalda VerBoomen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michele M Collins Date 1-7-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michele M. Collins
New Address Same

Subscribed and sworn to before me this 7th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-7-93 *, authorizing the marriage of* JOHN DAVID CLOSSEY *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 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN DAVID CLOSSEY *of* HENDRICKS *County* IN *(state), and* MICHELE MARIE COLLINS *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* 1-7-93 *. Signed by:* /s/ JANICE S. CHILEWSKI CHIEF DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 5

HENDRICKS County

File

1-8-93
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 1-7-93
Name of Physician Mark Gentry M.D.

MALE APPLICANT

Name: First Jimmy Middle Dwayne Last Van Lue

Date of Birth: Month 1 Day 12 Year 71

Place of Birth (State or foreign country) Vincennes, In.

Residence Address: Street or R.R. 121 N. Jefferson St. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jimmy Waldo VanLue
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marilyn Kay Walters
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jimmy D VanLue Date 1-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jimmy D VanLue

New Address Same

Subscribed and sworn to before me this 8th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Gracie Middle Michelle Last Davis

Date of Birth: Month 10 Day 20 Year 74

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 121 N Jefferson City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Alden Davis Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Angelina Rose Mendez
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Ks.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gracie M. Davis Date 1-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gracie M. Davis

New Address Same

Subscribed and sworn to before me this 8th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-8-93 *, authorizing the marriage of* JIMMY DWAYNE VANLUE *and* GRACIE MICHELLE DAVIS *. I further certify that the following marriage certificate was filed in my office: I,* REV. JERRY G. VANLUE *(name), certify that on* JANUARY 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JIMMY DWAYNE VANLUE *of* HENDRICKS *County* IN *(state), and* GRACIE MICHELLE DAVIS *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* 1-8-93 *. Signed by:* /s/ REV. JERRY G. VANLUE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6

File

1-8-93
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
Name of Physician Dr. Poe

MALE APPLICANT

Name: First Paul Middle A Last Holladay

Date of Birth: Month 5 Day 18 Year 69

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 1866 N 200 W City Danville County IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayla Nicole Holladay
   Ashley Marie Holladay
6. (a) Full name of applicant's father James Lee Holladay
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Brenda Lou Frye
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ~~IN~~ Florida
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Paul Holladay Date 1-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Paul Holladay

New Address _____

Subscribed and sworn to before me this 8 day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rose Middle M Last Detty

Date of Birth: Month 2 Day 9 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 319 E main St City Brownsburg County IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? ~~No~~ ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? ~~No~~ ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? ~~No~~ ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? ~~No~~ ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? ~~No~~ ☐ Yes ☐
5. List the full names of any dependent children. Ashley Nicole Detty
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) Steven Larry Wilson
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother ~~S~~ Sherry Hayes
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Rose Detty Date 1-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Rose Detty

New Address _____

Subscribed and sworn to before me this 8 day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-8-93 *, authorizing the marriage of* PAUL ANDREW HOLLADAY *and* ROSE MARIE DETTY *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* JANUARY 9, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* PAUL ANDREW HOLLADAY *of* HENDRICKS *County* IN *(state), and* ROSE MARIE DETTY *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* 1-9-93 *. Signed by:* /s/ MYRON BARNARD *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 7

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 IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-8-92
Name of Physician K. Maynard, M.D.

MALE APPLICANT

Name: First Joseph Middle Marvin Last Jussey

Date of Birth: Month 10 Day 12 Year 48

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 8870 W 30th St. City Indianapolis County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Johnny Marvin Jussey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Anna Delores Morris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joseph M Jussey Date 1-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Joseph M Jussey
New Address 3aaa

Subscribed and sworn to before me this 11th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle Lynne Last Roseboom

Date of Birth: Month 9 Day 10 Year 51

Place of Birth (State or foreign country) Dayton, Ohio

Residence Address: Street or R.R. Rt 1 Box 182-C City Pittsboro County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ray Sterling Klam
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dayton, Oh.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Katheryn Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dayton, Oh.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Diana L. Roseboom Date 1-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Diana L. Roseboom
New Address 8870 W. 30th Street

Subscribed and sworn to before me this 11th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 8

HENDRICKS 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 IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First James Middle E. Last McKinley

Date of Birth: Month 9 Day 28 Year 33

Place of Birth (State or foreign country) Muncie In.

Residence Address: Street or R.R. 45 Port O Call City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

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? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Delmo I McKinley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Yorktown, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lucille Chiles
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Yorktown, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James E McKinley Date 1-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James E McKinley

New Address 12501 Ulmerton Rd. # 224 Largo Fla

Subscribed and sworn to before me this 11th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Ernestine Middle D Last Buffington

Date of Birth: Month 3 Day 21 Year 40

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. RR 1 Box 41-2 City Lizton County State In 46149

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ernest D. Baker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois.
   (b) Full maiden name of applicant's mother Charlene Sizemore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ernestine D. Buffington Date 1/11/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ernestine D Buffington

New Address 12501 Ulmerton Rd # 224 Largo Fla 34644

Subscribed and sworn to before me this 11th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-93 *, authorizing the marriage of* JAMES E. McKINLEY *and* ERNESTINE D. BUFFINGTON *. I further certify that the following marriage certificate was filed in my office: I,* ELIZABETH J. SPURLOCK *(name), certify that on* JANUARY 16, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* JAMES E. McKINLEY *of* MARION *County* IN *(state), and* ERNESTINE D. BUFFINGTON *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* 1-16-93 *. Signed by:* /s/ ELIZABETH J. SPURLOCK JAMESTOWN TOWN JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 9

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 IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-11-93
Name of Physician E. Clark, M.D.

MALE APPLICANT

Name: First Clarence Middle Edward Last Burnside III

Date of Birth: Month 4 Day 6 Year 72

Place of Birth (State or foreign country) Highwood, Illinois

Residence Address: Street or R.R. 11335 W. Washington; City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Clarence Edward Burnside II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Noblesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sally Hubbard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Noblesville, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Clarence E Burnside III Date 1-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Clarence E Burnside III

New Address Same

Subscribed and sworn to before me this 11th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Marie Last Forrester

Date of Birth: Month 1 Day 11 Year 73

Place of Birth (State or foreign country) Martinsville, In.

Residence Address: Street or R.R. 11335 W. Washington City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Ross Forrester, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katherine Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amy Forrester Date 1-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amy Forrester

New Address Same

Subscribed and sworn to before me this 11th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-93 *, authorizing the marriage of* CLARENCE EDWARD BURNSIDE III *and* AMY MARIE FORRESTER *. I further certify that the following marriage certificate was filed in my office: I,* JAMES W. WARREN *(name), certify that on* JANUARY 14, 1993 *(date), at* HAZELWOOD *in* HENDRICKS *County, Indiana,* CLARENCE EDWARD BURNSIDE III *of* HENDRICKS *County* IN *(state), and* AMY MARIE FORRESTER *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* 1-11-93 *. Signed by:* /s/ JAMES W. WARREN *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 10

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 ☐
If No, Medical Examination or Report Dated 7-11-92
Name of Physician R. Johns, M.D.

MALE APPLICANT

Name: First James Middle Christopher Last Arnett
Date of Birth: Month 9 Day 1 Year 65
Place of Birth (State or foreign country) Paris, Illinois
Residence Address: Street or R.R. 222 N. Jefferson St. Apt A City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Kenneth Arnett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Lorrene Ann Lasko
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James Christopher Arnett Date 1-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James Christopher Arnett
New Address same
Subscribed and sworn to before me this 12th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Brenda Middle Miriam Last Wagner
Date of Birth: Month 1 Day 17 Year 56
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 222 N. Jefferson St. Apt A City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Albert Francis Wagner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Miriam Ruth Farley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brenda M. Wagner Date 1-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brenda M. Wagner
New Address same
Subscribed and sworn to before me this 12th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-12-93 *, authorizing the marriage of* JAMES CHRISTOPHER ARNETT *and* BRENDA MIRIAM WAGNER *. I further certify that the following marriage certificate was filed in my office: I,* JANICE S. CHILEWSKI *(name), certify that on* JANUARY 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES CHRISTOPHER ARNETT *of* HENDRICKS *County* IN *(state), and* BRENDA MIRIAM WAGNER *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* 1-12-93 *. Signed by:* /s/ JANICE S. CHILEWSKI CHIEF DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 11

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 ☐
If No, Medical Examination or Report Dated 1-12-93
Name of Physician W. K. Edwards, M.D.

MALE APPLICANT

Name: First David Middle Lee Last Warren

Date of Birth: Month 10 Day 5 Year 73

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 14 Murphy Ct. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father James Robert Warren
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Lynn Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David L. Warren Date 1-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David L. Warren

New Address Same

Subscribed and sworn to before me this 12th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Charlotte Middle Jo Last Burdine

Date of Birth: Month 11 Day 8 Year 72

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 14 Murphy Ct. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Charles David Burdine
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nannetta Jo Feltner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Charlotte Jo Burdine Date 1-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Charlotte Jo Burdine

New Address Same

Subscribed and sworn to before me this 12th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-12-93 *, authorizing the marriage of* DAVID LEE WARREN *and* CHARLOTTE JO BURDINE *. I further certify that the following marriage certificate was filed in my office: I,* REV. LARRY JOSEPH JENKINS *(name), certify that on* JANUARY 12, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID LEE WARREN *of* HENDRICKS *County* IN *(state), and* CHARLOTTE JO BURDINE *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* 1-12-93 *. Signed by:* /s/ REV. LARRY JOSEPH JENKINS *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 12

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 1-14-93
Name of Physician R. Wendy Lee, M.D.

MALE APPLICANT

Name: First James Middle William Last Scales
Date of Birth: Month 6 Day 30 Year 48
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 19 Northgreen Pkwy. City Brownsburg County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William Jefferson Scales
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Mary Frances Rodgers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James W. Scales 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James W Scales
New Address Same

Subscribed and sworn to before me this 15th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jane Middle Kay Last Houston
Date of Birth: Month 8 Day 18 Year 47
Place of Birth (State or foreign country) Columbus Oh.
Residence Address: Street or R.R. 19 Northgreen Pkwy. City Brownsburg County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father J. Howard Arthur
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Richmond, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Ruth Kathryn Yost
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jane K. Houston 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jane K. Houston
New Address Same

Subscribed and sworn to before me this 15th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-15-93 *, authorizing the marriage of* JAMES WILLIAM SCALES *and* JANE KAY HOUSTON *. I further certify that the following marriage certificate was filed in my office: I,* DOUGLAS A. LITSEY *(name), certify that on* JANUARY 22, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES WILLIAM SCALES *of* HENDRICKS *County* IN *(state), and* JANE KAY HOUSTON *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* 1-15-93 *. Signed by:* /s/ DOUGLAS A. LITSEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 13

HENDRICKS County

File

1-14-93
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 1-14-93
Name of Physician Dr. Kerlin, M.D.

MALE APPLICANT

Name First James Middle Eric Last White

Date of Birth Month 3 Day 31 Year 66

Place of Birth (State or foreign country) Terre Haute In.

Residence Address Street or R.R. P O Box 293 City Clayton County, In State 46118

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James William White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Marseille, In.
   Birthplace of father (State or foreign country) Idaho
   (b) Full maiden name of applicant's mother Connie Jean Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James Eric White 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James Eric White

New Address Same

Subscribed and sworn to before me this 14th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Lisa Middle Ellen Last Tyler

Date of Birth Month 2 Day 12 Year 67

Place of Birth (State or foreign country) Granite City, Ill.

Residence Address Street or R.R. 7030 Black Forest Dr. City, Plainfield, In. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Allen Tyler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Betty Jean Wright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa E. Tyler 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lisa E. Tyler

New Address P.O. Box 293

Subscribed and sworn to before me this 14th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-14-93 *, authorizing the marriage of* JAMES ERIC WHITE *and* LISA ELLEN TYLER *. 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* IN *(state), and* LISA ELLEN TYLER *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* 1-16-93 *. Signed by:* /s/ JOHN L. CROSE *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 14

HENDRICKS County

File

1-15-92
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 1-12-93
Name of Physician Stephen C. Deege, M.D.

MALE APPLICANT

Name: First Brandon Middle Loyd Last Terry

Date of Birth: Month 2 Day 13 Year 74

Place of Birth (State or foreign country) Little Helena, Ark.

Residence Address: Street or R.R. 422 S East St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Donald Dallas Terry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kingsville Ark.
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Kathleen Darlene Adams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✓ Signature of Applicant Brandon L Terry Date 15 JAN 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

✓ Signed Brandon L Terry

New Address _____

Subscribed and sworn to before me this 15 day of JAN, 19 92

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rachel Middle Dawn Last Eads

Date of Birth: Month 5 Day 7 Year 72

Place of Birth (State or foreign country) Vincennes, In.

Residence Address: Street or R.R. 2189 N State Rd 39 City Danville County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Walter Charles Eads
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Kathleen Rinne Dennison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rachel Eads Date 1-15-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rachel Eads

New Address _____

Subscribed and sworn to before me this 15 day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-15-93 *, authorizing the marriage of* BRANDON LOYD TERRY *and* RACHEL DAWN EADS *. I further certify that the following marriage certificate was filed in my office: I,* JAMES D. CLAYTON *(name), certify that on* FEB 19, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* BRANDON LOYD TERRY *of* HENDRICKS *County* IN *(state), and* RACHEL DAWN EADS *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* 1-15-93 *. Signed by:* /s/ JAMES D. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-22-92 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 15

File

1-15-93 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

Name: First John Middle Day Last Andersen
Date of Birth: Month 5 Day 29 Year 33
Place of Birth (State or foreign country) Auburn, N. Y.
Residence Address: Street or R.R. Box 628 City Thousand Island Pk. County State New York
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Julius Andersen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Arlene Day
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant John Day Andersen Date 1/15/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed John Day Andersen
New Address Rt 1 Box 44 Ligton, In.
Subscribed and sworn to before me this 15th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Weilhamer Last Lewis
Date of Birth: Month 11 Day 30 Year 39
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. RR Box 44 City Liston County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Carl George Weilhamer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Morgan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pulaski, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Janet W. Lewis Date 1-15-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Janet W. Lewis
New Address same
Subscribed and sworn to before me this 15th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-15-93 *, 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 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOHN DAY ANDERSEN *of* JEFFERSON *County* N.Y. *(state), and* JANET WEILHAMER LEWIS *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* 1-30-93 *. Signed by:* /s/ EDWARD W. JONES BISHOP, EPISCOPAL CHURCH *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 16

HENDRICKS County

File

1-19-93
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 12-30-92
Name of Physician W. Macey, M.D.

MALE APPLICANT

Name: First Tracey Middle Dewayne Last Perisho

Date of Birth: Month 6 Day 10 Year 72

Place of Birth (State or foreign country) Brazil, In.

Residence Address: Street or R.R. R 2 Box 425 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Carroll Eugene Perisho
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Amelia Pauline Howald
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Michelle Middle Lee Last Emberson

Date of Birth: Month 6 Day 19 Year 75

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 3275 S Rd 475 W City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Wayne Anthony Emberson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura Beatrice Campfield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tracey DeWayne Perisho Date 1-19-93

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 _____

State of Indiana)
County of HENDRICKS) SS:

I swear/affirm that the information given in this application is true and correct.

Signed Tracey DeWayne Perisho

New Address R 1 Box 93 REELSVILLE, IN 46171

Subscribed and sworn to before me this 19th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) SS:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michelle L. Emberson Date 1-19-93

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 _____

State of Indiana)
County of HENDRICKS) SS:

I swear/affirm that the information given in this application is true and correct.

Signed Michelle L. Emberson

New Address Rt 1 Box 83 Reelsville, In 46171

Subscribed and sworn to before me this 19th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) SS:

Father Wayne Anthony Emberson ID # _____

Mother Laura Beatrice Ann Emberson ID # _____

Subscribed and sworn to before me this 19th day of January, 19 93

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-19-93, *authorizing the marriage of* TRACEY DEWAYNE PERISHO *and* MICHELLE LEE EMBERSON. *I further certify that the following marriage certificate was filed in my office: I,* STEVAN W. RANSON *(name), certify that on* JANUARY 23, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* TRACEY DEWAYNE PERISHO *of* HENDRICKS *County* IN *(state), and* MICHELLE LEE EMBERSON *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* 1-23-93. *Signed by:* /s/ STEVAN W. RANSON, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 17

File

1-19-93
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 1-19-93
Name of Physician Donald Johnson, M.D.

MALE APPLICANT

Name First Richard Middle Shane Last Burnett
Date of Birth Month 1 Day 8 Year 73
Place of Birth (State or foreign country) Danville In.
Residence Address Street or R.R. 3401 S 350 W City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Eugene Burnett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Fincham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Richard S. Burnett Date 1-19-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Richard S. Burnett
New Address _____
Subscribed and sworn to before me this 19th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Cassandra Middle Nicole Last Rodgers
Date of Birth Month 4 Day 16 Year 76
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. 616 E. Harrison St. City Mooresville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Johnny Ray Rodgers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Cecelia Louise Hatch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cassandra N. Rodgers Date 1-19-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Cassandra N. Rodgers
New Address _____
Subscribed and sworn to before me this 19th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-19-93 *, authorizing the marriage of* RICHARD SHANE BURNETT *and* CASSANDRA NICOLE RODGERS *. 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), at* MOORESVILLE *in* MORGAN *County, Indiana,* RICHARD SHANE BURNETT *of* HENDRICKS *County* IN *(state), and* CASSANDRA NICOLE RODGERS *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-19-93 *. Signed by:* /s/ PAUL E. STERRETT *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 17

HENDRICKS County

File

1-19-93
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 1-19-93
Name of Physician Donald Johnson, M.D.

MALE APPLICANT

Name: First Richard Middle Shane Last Burnett

Date of Birth: Month 1 Day 8 Year 73

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 3401 S 350 W City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to ... 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
4. Are you now under the influence of a narcotic
5. List the full names of any dependent children
6. (a) Full name of applicant's father Ri
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so
   Birthplace of father (State or foreign
   (b) Full maiden name of applicant's mo
   (If adopted, list adoptive parents on
   Residence of mother (if deceased,
   Birthplace of mother (State or fore

I acknowledge that I have received ... that are sexually transmitted, and a lis... immune deficiency syndrome).
Signature of Applicant Richar

The above applicant has objected t... acknowledgment because of religious beli...
Clerk of Court

State of Indiana
County of HENDRICKS
Signed Richa...
New Address
Subscribed and sworn to before me this 19th day of Jan, 19 9...
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Cassandra Middle Nicole Last Rodgers

Date of Birth: Month 4 Day 16 Year 76

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 616 E. Harrison St. City Mooresville County Morgan State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. ... closer than second cousin? No ☐ Yes ☐
3. No ☐ Yes ☐
4. No ☐ Yes ☐

I, CECELIA L. MINARD give my consent for Cassandra N. Rodgers to marry Richard Shane Burnett.
Name & Relationship daughter

Cecelia L. Minard
Signature of Parent or Guardian

Subscribed before me Marlene Moore NOTARY PUBLIC
1-19-93 DATE Morgan COUNTY
CLERK
DATE

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-19-93 *, authorizing the marriage of* RICHARD SHANE BURNETT *and* CASSANDRA NICOLE RODGERS *. 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), at* MOORESVILLE *in* MORGAN *County, Indiana,* RICHARD SHANE BURNETT *of* HENDRICKS *County* IN *(state), and* CASSANDRA NICOLE RODGERS *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-19-93 *. Signed by:* /s/ PAUL E. STERRETT *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 18

HENDRICKS County

File

1-22-93
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 1-7-93
Name of Physician K. Clark, M.D.

MALE APPLICANT

Name: First Howard Middle Murrell Last Firkins

Date of Birth: Month 6 Day 12 Year 61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 5568 Blue Hill Circle City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Wilbert Murrell Firkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Margaret Ann Reitzel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Howard M Firkins Date 1-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Howard M Firkins

New Address _____

Subscribed and sworn to before me this 22nd day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Faye Last Mitchell

Date of Birth: Month 6 Day 24 Year 57

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. PO Box 195 City Castleville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Joseph Miller, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Norma Ellen Tucker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michelle F. Mitchell Date 1-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michelle F. Mitchell

New Address 5568 Blue Hill Cir. Apt. F.

Subscribed and sworn to before me this 22nd day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-22-93, *authorizing the marriage of* HOWARD MURRELL FIRKINS *and* MICHELLE FAYE MITCHELL. *I further certify that the following marriage certificate was filed in my office: I,* ANDREW J. SIMKINS *(name), certify that on* FEBRUARY 13, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* HOWARD MURRELL FIRKINS *of* MARION *County* IN *(state), and* MICHELLE FAYE MITCHELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-13-93. *Signed by:* /s/ DR. ANDREW J. SIMKINS MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 19

File

1-22-93
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 1-22-93
Name of Physician T. Oldham M.D.

MALE APPLICANT

Name: First Thomas Middle Kent Last Ordway
Date of Birth: Month 4 Day 17 Year 59
Place of Birth (State or foreign country) New York
Residence Address: 4933 Vantage Pt. Rd Street or R.R. Pfld City IN County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Thomas Edward Ordway
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Delmar New York
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Mary Jane McNutt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Delmar New York
   Birthplace of mother (State or foreign country) PA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Thomas K. Ordway Date 1.22.93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Thomas K. Ordway
New Address Same As Above
Subscribed and sworn to before me this 22 day of ~~Dec~~ Jan 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle Suzanne Last Henson
Date of Birth: Month 10 Day 11 Year 66
Place of Birth (State or foreign country) Washington In.
Residence Address: 4933 Vantage Pt. Rd Street or R.R. Pfld City In. County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Daniel Judson Henson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Petersburg, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Shirleydan Wallace
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Petersburg In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donna S. Henson Date 1-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Donna S. Henson
New Address Same as above
Subscribed and sworn to before me this 22 day of January 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-22-93 *, authorizing the marriage of* THOMAS K. ORDWAY *and* DONNA S. HENSON *. I further certify that the following marriage certificate was filed in my office: I,* JAMES H. SPICER *(name), certify that on* JANUARY 30, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* THOMAS K. ORDWAY *of* HENDRICKS *County* IN *(state), and* DONNA S. HENSON *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* 1-22-93 *. Signed by:* /s/ JAMES H. SPICER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 20

HENDRICKS County

File

1-22-93
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 ☐ 1-19-93
If No, Medical Examination or Report Dated
Name of Physician K. Hooker, M.D

MALE APPLICANT

Name: First Larry Middle Paul Last Bolin

Date of Birth: Month 6 Day 24 Year 43

Place of Birth (State or foreign country) Martinsville In.

Residence Address: Street or R.R. 360 N. Henry St. City Martinsville County State In.

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) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Milton Bolin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Thelma Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Larry P Bolin Date 1-22-92

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Larry P. Bolin

New Address 20 ABNER CREEK PKW

Subscribed and sworn to before me this 22 day of JAN, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Marcia Middle Louise Last Hicks

Date of Birth: Month 5 Day 13 Year 43

Place of Birth (State or foreign country) Terre Haute In.

Residence Address: Street or R.R. 20 Abner Creek Pkwy City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Francis Hughes Markland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Martha Kelley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Marcia L. Hicks Date 1-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Marcia L. Hicks

New Address Same

Subscribed and sworn to before me this 22 day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-22-93 *, authorizing the marriage of* LARRY PAUL BOLIN *and* MARCIA LOUISE HICKS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* JANUARY 22, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY PAUL BOLIN *of* MORGAN *County* IN *(state), and* MARCIA LOUISE HICKS *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* 1-22-93 *. 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* 1-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 21

File

1-25-93
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 1-25-93
Name of Physician D. Hadley, M.D.

MALE APPLICANT

Name: First James Middle Randell Last Masters
Date of Birth: Month 3 Day 25 Year 58
Place of Birth (State or foreign country) Pampa, Texas
Residence Address: Street or R.R. 622 Lakeside Dr apt B City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Alfred Masters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) San Antonio, Tx.
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Kathryn Louise Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) San Antonio, Tx.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James R Masters Date 1/25/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James R Masters
New Address same
Subscribed and sworn to before me this 25th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Vickie Middle Lynn Last Robinson
Date of Birth: Month 10 Day 6 Year 61
Place of Birth (State or foreign country) Tacoma, Washington
Residence Address: Street or R.R. 622 Lakeside Dr. apt B City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jack Eric Christensen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Onrg, Wisc.
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of applicant's mother Donna Mae Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Minn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Vickie Robinson Date 1-25-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Vickie Robinson
New Address Same
Subscribed and sworn to before me this 25th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-93 *, authorizing the marriage of* JAMES RANDELL MASTERS *and* VICKIE LYNN ROBINSON *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* FEBRUARY 14, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES RANDALL MASTERS *of* HENDRICKS *County* IN *(state), and* VICKIE LYNN ROBINSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-14-93 *. Signed by:* /s/ MYRON BARNARD, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 22

HENDRICKS County

File

1-25-93
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 Nicholas Prochazka

Please DO NOT Publish

MALE APPLICANT

Name: First Norbert Middle Dale

Date of Birth: Month 5 Day 12

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3023 W. Morris St. Apt C City

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulm

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. L

1. Are you now or have you ever been adjudged to be of unsound minc
   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 ☐
5. List the full names of any dependent children. Scott R.
6. (a) Full name of applicant's father George Raymond Charleswood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Minnie Marie Henline
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Norbert Dale Charleswood Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Norbert D Charleswood
New Address
Subscribed and sworn to before me this 25 day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: Middle Ann Last Smith

Date of Birth: Month 10 Day 1 Year 46

Place of Birth (State or foreign country) Co

Residence Address: Street or R.R. Tilden Dr. City B'burg County State

Previous Marital Status: ried ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 87

Date of birth verified by: Certificate ☒ Other (Specify) Dr. Lic.

1. ever been adjudged to be of unsound mind? No ☒ Yes ☐
   he adjudication been removed? No ☐ Yes ☐
2. ale applicant closer than second cousin? No ☒ Yes ☐
3. fluence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Clyde Richardson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Martha Jeanne Dillon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Mary Ann Smith Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Mary Ann Smith
New Address 101 W. Tilden Dr. B'burg.
Subscribed and sworn to before me this 25 day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-93 *, authorizing the marriage of* NORBERT DALE CHARLESWOOD *and* MARY ANN SMITH *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DODSON *(name), certify that on* FEBRUARY 14, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* NORBERT DALE CHARLESWOOD *of* MARION *County* IN *(state), and* MARY ANN SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-25-93 *Signed by:* /s/ REV. DENNIS L. DODSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 23

File

1-25-93
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 1-22-93
Name of Physician B Burker, M.D.

MALE APPLICANT

Name: First Jerry Middle Wayne Last Bowser

Date of Birth: Month 10 Day 22 Year 41

Place of Birth (State or foreign country) Vigo County In.

Residence Address: Street or R.R. 1792 N 100 E City Danville County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Daniel Bowser
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Etta Mae Watson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jerry W. Bowser Date 1-25-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jerry W. Bowser
New Address SAME

Subscribed and sworn to before me this 25th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rose Middle Ann Last Wilczynski

Date of Birth: Month 10 Day 26 Year 53

Place of Birth (State or foreign country) Huntingburg, In.

Residence Address: Street or R.R. 1792 N 100 E City Danville County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Tony Wilczynski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Margaret Kathryn Jennings
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Rickland, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rose Ann Wilczynski Date 1/25/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rose Ann Wilczynski
New Address SAME

Subscribed and sworn to before me this 25th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-93 *, authorizing the marriage of* JERRY WAYNE BOWSER *and* ROSE ANN WILCZYNSKI *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* JANUARY 25, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY WAYNE BOWSER *of* HENDRICKS *County* IN *(state), and* ROSE ANN WILCZYNSKI *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-25-93 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 24

File

1-25-93
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 1-25-93
Name of Physician P. Batista, M.D.

MALE APPLICANT

Name: First Mark Middle Allyn Last McDonald

Date of Birth: Month 1 Day 31 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 19 Green Acre Dr., City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father George Richard McDonald
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathryn Brenda Colvin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark McDonald Date 1/25/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mark McDonald

New Address Same as above

Subscribed and sworn to before me this 25th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Jeannine Last Lyon

Date of Birth: Month 4 Day 26 Year 70

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. PO Box 384 City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Duncan Lyon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Ketcham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer J. Lyon Date 1/25/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer J. Lyon

New Address 19 Green Acre Dr. Brownsburg, IN 46112

Subscribed and sworn to before me this 25th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-93 *, authorizing the marriage of* MARK ALLYN MCDONALD *and* JENNIFER JEANNINE LYON *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* MARCH 20, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MARK ALLYN MCDONALD *of* HENDRICKS *County* IN *(state), and* JENNIFER JEANNINE LYON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-25-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 25

HENDRICKS County

File

1-26-93
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 1-26-93
Name of Physician C. Tripple, M.D.

MALE APPLICANT

Name: First Andrew Middle Dairle Last Biddle

Date of Birth: Month 10 Day 7 Year 67

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 409 Magnolia Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Dairle Biddle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Georgianna Noggle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Andrew Dairle Biddle Date 1/26/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Andrew Dairle Biddle

New Address Same

Subscribed and sworn to before me this 26th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jeanette Middle Renee Last Brackman

Date of Birth: Month 7 Day 17 Year 71

Place of Birth (State or foreign country) New Castle, In.

Residence Address: Street or R.R. 4829 Royal Troon Way City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Donald Johnson Brackman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nineveh, In.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Carrol Ann Daniels
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeanette Renee Brackman Date 1/26/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jeanette R Brackman

New Address 409 Magnolia Dr. Plainfield, IN 46168

Subscribed and sworn to before me this 26th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-93 *, authorizing the marriage of* ANDREW DAIRLE BIDDLE *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), at* AVON *in* HENDRICKS *County, Indiana,* ANDREW DAIRLE BIDDLE *of* HENDRICKS *County* IN *(state), and* JEANETTE RENEE BRACKMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-26-93 *. Signed by:* /s/ R. FRED R RODKEY *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 26

File

1-26-93
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. Clark, Danville Med Center

MALE APPLICANT

Name: First Larry Middle William Last Brown
Date of Birth: Month 3 Day 31 Year 54
Place of Birth (State or foreign country) PA
Residence Address: Street or R.R. 191 N. Cross St City Danville County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 87'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Scott W., Joy L.
6. (a) Full name of applicant's father Homer Wm. Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pfld IN
   Birthplace of father (State or foreign country) PA
   (b) Full maiden name of applicant's mother Paula Jean Corey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfld IN
   Birthplace of mother (State or foreign country) PA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Larry W. Brown Date 1-26-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Larry W. Brown
New Address _____
Subscribed and sworn to before me this 26 day of Jan, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Clara Middle Mae Last Taylor
Date of Birth: Month 10 Day 25 Year 51
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 191 N Cross City Danville County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Date 88'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Janet C., Wendy M.
6. (a) Full name of applicant's father Wm. Wesley Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Clara Belle Shields
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Clara M. Taylor Date 1-26-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Clara M. Taylor
New Address _____
Subscribed and sworn to before me this 26 day of Jan, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-93 *, 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 *(name), certify that on* FEBRUARY 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY W. BROWN *of* HENDRICKS *County* IN *(state), and* CLARA M. TAYLOR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-12-93 *. 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* 2-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 27

File

1-26-93 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 1-14-93
Name of Physician J. M. Eisenhut, M.D.

MALE APPLICANT

Name: First Michael Middle Leroy Last Bennett Jr.

Date of Birth: Month 6 Day 28 Year 65

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: Street or R.R. 30 Martin Dr. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael Leroy Bennett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Avon, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Freda Ann Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Avon, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael L. Bennett Jr. Date 1-26-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael L. Bennett Jr.
New Address Same

Subscribed and sworn to before me this 26th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Dawn Middle Marie Last Brunes

Date of Birth: Month 4 Day 16 Year 72

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 8275 E 400 N City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wayne Russell Brunes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beverly Carol Gilliatt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dawn M. Brunes Date 1-26-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dawn M. Brunes
New Address 30 Martin Dr Danville, IN 46122

Subscribed and sworn to before me this 26th day of Jan, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-93 *, authorizing the marriage of* MICHAEL LEROY BENNETT, JR. *and* DAWN MARIE BRUNES *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* FEBRUARY 27, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL LEROY BENNETT, JR. *of* HENDRICKS *County* IN *(state), and* DAWN MARIE BRUNES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-16-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 28

HENDRICKS County

File

1-28-93
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

Name: First Gary Middle Lee Last Campbell
Date of Birth: Month 6 Day 7 Year 46
Place of Birth (State or foreign country) Lexington, Ky.
Residence Address: Street or R.R. 8 Westview Dr. City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father David Franklin Campbell II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Aberdeen, Oh.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Helen Beatrice Kratzer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gary Lee Campbell Date 01-28-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gary Lee Campbell
New Address SAME
Subscribed and sworn to before me this 28th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Juanita Middle Irene Last Deck
Date of Birth: Month 12 Day 21 Year 42
Place of Birth (State or foreign country) Hyannis, Ma.
Residence Address: Street or R.R. 1131 Briarwood Dr. City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Leon Droin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wingate In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Grace Irene Halt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Wingate In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Juanita Irene Deck Date 1-28-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Juanita Irene Deck
New Address 8 Westview Dr Danville
Subscribed and sworn to before me this 28th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-28-93 *, authorizing the marriage of* GARY LEE CAMPBELL *and* JUANITA IRENE DECK *. 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 *in* HENDRICKS *County, Indiana,* GARY LEE CAMPBELL *of* HENDRICKS *County* IN *(state), and* JUANITA IRENE DECK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-28-93 *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*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 29

File

1-28-93
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. Edwards

MALE APPLICANT

Name: First Donald Middle G. Last Barker

Date of Birth: Month 8 Day 30 Year 40

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R.R. 6939 E 100 N City Danville County Hend, State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Truman Barke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Costa West Virginia
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Goldie Beatrice Kinder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) West Virginia
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donald G. Barker Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Donald G. Barker

New Address

Subscribed and sworn to before me this 28th day of January, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Linda Middle J. Last Barker

Date of Birth: Month 1 Day 11 Year 45

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6939 E 100 N. City Danville County Hend State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Jacob Bailey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruby June Ringer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alabama
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Linda Barker Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Linda Barker

New Address

Subscribed and sworn to before me this 28th day of JAN, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-28-93 *, authorizing the marriage of* DONALD G. BARKER *and* LINDA J. BARKER *. I further certify that the following marriage certificate was filed in my office: I,* PAULETTE FRYE *(name), certify that on* JANUARY 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DONALD G. BARKER *of* HENDRICKS *County* IN *(state), and* LINDA J. BARKER *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* 1-29-93 *. Signed by:* /s/ PAULETTA FRYE, CLERK-TREASURER *(official designation)* TOWN HALL *Filed and recorded in accordance with the laws of the State of Indiana on* 2-1-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 30

HENDRICKS County

File

1-28-93
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 Hensell

MALE APPLICANT

Name: First Stewart Middle L Last Hackett
Date of Birth: Month 3 Day 10 Year 62
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. RR 2 Box 193 City Pittsboro County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 82
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Mack Hackett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Kaye Kunzman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) FL
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Stew Hackett Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Stew Hackett
New Address
Subscribed and sworn to before me this 28th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Lorri Middle A Last CALifar
Date of Birth: Month 5 Day 14 Year 64
Place of Birth (State or foreign country) INdiana
Residence Address: Street or R.R. RR 2 Box 193 City Pittsboro County Hend State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Andy CaliFer Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) FL
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda Sue Baldwin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) FL
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Lorri Califar Date 1-28-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Lorri Califar
New Address
Subscribed and sworn to before me this 28th day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-28-93 *, authorizing the marriage of* STEWART L. HACKETT *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), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEWART L. HACKETT *of* HENDRICKS *County* IN *(state), and* LORRI A. CALIFAR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-28-93 *. Signed by:* /s/ DAVID BERTHOLD, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 31

File

1-29-93
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 David Hadley

MALE APPLICANT

Name: First Jeremy Middle Paul Last Hunsicker

Date of Birth: Month 12 Day 9 Year 74

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 336D Moon Rd City Pfld County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Jeffrey P. Hunsicker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pfld IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jamie Hunsicker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfld IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jeremy P Hunsicker 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jeremy P Hunsicker
New Address 5430D Pleasant Hill Circle 46234
Subscribed and sworn to before me this 29 day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Christine Last Devenney

Date of Birth: Month 12 Day 3 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. R#3 Box 391 City Clayton County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Liu.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Henry Bernard Devenney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton IN
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Bonnie Kay ~~Frischf~~ Fruchtnicht
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Michelle C Devenney 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Michelle C Devenney
New Address _____
Subscribed and sworn to before me this 29 day of Jan., 19 93 1-29-93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-29-93 *, authorizing the marriage of* JEREMY P. HUNSICKER *and* MICHELLE C. DEVENNEY *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* JANUARY 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEREMY P. HUNSICKER *of* HENDRICKS *County* IN *(state), and* MICHELLE C. DEVENNEY *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* 1-29-93 *. 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* 1-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 32

File

1-29-93
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 Family Med Center

MALE APPLICANT

Name: First Charles Middle Roy Last Spurlock
Date of Birth: Month 8 Day 1 Year 70
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Wm. B. Spurlock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Linda Taylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, IN
   Birthplace of mother (State or foreign country) VA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Charles R. Spurlock Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Charles R Spurlock
New Address

Subscribed and sworn to before me this 29 day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Diane Last Mundt
Date of Birth: Month 11 Day 3 Year 71
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4257 N. St Rd 39 City Danville County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) St I.D. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father David H. Mundt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Retha K. Quick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer D. Mundt Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jennifer D Mundt
New Address

Subscribed and sworn to before me this 29 day of Jan, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-29-93 *, authorizing the marriage of* CHARLES R. SPURLOCK *and* JENNIFER D. MUNDT *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* JANUARY 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHARLES R. SPURLOCK *of* HENDRICKS *County* IN *(state), and* JENNIFER D. MUNDT *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* 1-29-93 *. 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* 1-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 33

File

1-29-93 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 1-26-93
Name of Physician P. Hendershot, M.D.

MALE APPLICANT

Name: First Joseph Middle Delbert Last Smith Jr.

Date of Birth: Month 7 Day 6 Year 68

Place of Birth (State or foreign country) St. Louis Mo.

Residence Address: Street or R.R. 205 N. Jefferson St. City Brownsburg County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Joseph Delbert Smith Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Mo.
   (b) Full maiden name of applicant's mother Loverne Mahoney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Unknown
   Birthplace of mother (State or foreign country) Mo

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joseph D. Smith 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Joseph D. Smith Jr.

New Address Same

Subscribed and sworn to before me this 29 day of Jan. , 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____ , 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Dana Middle Michelle Last Kaderly

Date of Birth: Month 5 Day 11 Year 66

Place of Birth (State or foreign country) Loma Linda Ca.

Residence Address: Street or R.R. 205 N Jefferson St. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dyan Davis 10yrs. Malyssa Kaderly 7yrs.
6. (a) Full name of applicant's father Unknown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) —
   Birthplace of father (State or foreign country) —
   (b) Full maiden name of applicant's mother Diana Kay Simmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Castle, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dana M. Kaderly 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dana M. Kaderly

New Address Same

Subscribed and sworn to before me this 29 day of Jan , 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____ , 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-29-93 *, authorizing the marriage of* JOSEPH DELBERT SMITH JR. *and* DANA MICHELLE KADERLY *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* JANUARY 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH DELBERT SMITH JR. *of* HENDRICKS *County* IN *(state), and* DANA MICHELLE KADERLY *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* 1-29-93 *. 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* 1-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 34

File

2-1-93
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

MALE APPLICANT

Name: First Donald Middle Lee Last Inman

Date of Birth: Month 12 Day 19 Year 33

Place of Birth (State or foreign country) Indianapolis, Ind

Residence Address: Street or R.R. RR 1 Box 113 City Putnamburg County State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Wayne Inman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Winter Haven, Fla.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia May Dunn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donald Lee Inman Emilie K. Inman Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed
New Address Donald Lee Inman

Subscribed and sworn to before me this 1st day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Emilie Middle Katherine Last Inman

Date of Birth: Month 3 Day 18 Year 34

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 4325 N 1000 E City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Emil Edward Stelzel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Josephine Mildred Vogt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Emilie K. Inman Date 2-1-93

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Emilie K. Inman
New Address RR#1 Box 113 Putnamburg

Subscribed and sworn to before me this 1st day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-1-93, *authorizing the marriage of* DONALD LEE INMAN *and* EMILIE KATHERINE INMAN. *I further certify that the following marriage certificate was filed in my office: I,* RAYMOND H. DUFF *(name), certify that on* FEBRUARY 13, 1993 *(date), at* MAPLEWOOD HENDRICKS *in* HENDRICKS *County, Indiana,* DONALD LEE INMAN *of* HENDRICKS *County* IN *(state), and* EMILIE KATHERINE INMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-1-93. *Signed by:* /s/ RAYMOND H. DUFF CHRISTIAN MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 35

File

2-2-93
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. Maynard

MALE APPLICANT

Name: First Albert Middle Cummins Last Gentry II

Date of Birth: Month 11 Day 28 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 110 Gordon Ct. City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Albert Cummins Gentry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lorraine Kidwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Albert Cummins Gentry II Date 2-2-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Albert Cummins Gentry II
New Address Same as Above

Subscribed and sworn to before me this 2 day of February, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Nora Middle Jane Last Malicoat

Date of Birth: Month 4 Day 19 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 110 Gordon Ct. City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kelsey Malicoat 3

6. (a) Full name of applicant's father William D. Barton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jane T. Olds
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Nora Jane Barton Malicoat Date 2-2-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Nora Jane Barton Malicoat
New Address Same as above

Subscribed and sworn to before me this 2 day of February, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-93 *, authorizing the marriage of* 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 *(date), at* RICHMOND *in* WAYNE *County, Indiana,* _____ ALBERT CUMMINS GENTRY II *of* HENDRICKS *County* IN *(state), and* _____ NORA JANE MALICOAT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-14-93 *. Signed by:* /s/ NORMA CARNES *,* CITY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 36

HENDRICKS County

File

2-2-93
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 ☐ 2-1-93
If No, Medical Examination or Report Dated
Name of Physician M. Bayer, M.D.

MALE APPLICANT

Name: First Daniel Middle Wayne Last Tallent

Date of Birth: Month 5 Day 6 Year 68

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R.R. 6847 Walton St. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Donald William Tallent
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Newlin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Daniel W. Tallent Date 2-2-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Daniel W. Tallent
New Address SAME

Subscribed and sworn to before me this 2 day of FEB, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Jo Last Hughes

Date of Birth: Month 3 Day 11 Year 73

Place of Birth (State or foreign country) 229 Meadow Ln Plainfield, In.

Residence Address: Street or R.R. Peru City In County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jerry Allen Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Darlene Leturgez
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer J. Hughes Date 2-2-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer J. Hughes
New Address 6847 Walton St. Plainfield, IN

Subscribed and sworn to before me this 2 day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-93 *, authorizing the marriage of* DANIEL WAYNE TALLENT *and* JENNIFER JO HUGHES *. I further certify that the following marriage certificate was filed in my office: I,* KEVIN R. KOTTKE *(name), certify that on* FEBRUARY 20, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DANIEL WAYNE TALLENT *of* MARION *County* IN *(state), and* JENNIFER JO HUGHES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-2-93 *. Signed by:* /s/ KEVIN R. KOTTKE *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 37

File

2-2-93
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 2-2-93
Name of Physician R. McCurdle, M.D.

MALE APPLICANT

Name: First Shane Middle Duane Last Pierce

Date of Birth: Month 6 Day 1 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR 1 Box 85 City Crawfordsville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jessie William Pierce
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crawfordsville In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Elsie May Suiters
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crawfordsville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Shane D. Pierce Date 2-2-93

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Shane D. Pierce

New Address 2262 White Oaks Dr. Speedway, In. 46224

Subscribed and sworn to before me this 2nd day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of HENDRICKS) ss:

Father ____ ID # ____

Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____, 19 ____

____ Clerk

FEMALE APPLICANT

Name: First Shannon Middle Marie Last Thacker

Date of Birth: Month 3 Day 15 Year 70

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 2262 White Oaks Dr. City Speedway County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Steven L. Craig
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Poland, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sherry L. ~~Gar~~ Cardell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Poland, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Shannon Thacker Date 2-2-93

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Shannon Thacker

New Address SAME

Subscribed and sworn to before me this 2nd day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of HENDRICKS) ss:

Father ____ ID # ____

Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____, 19 ____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-93 *, authorizing the marriage of* SHANE DUANE PIERCE *and* SHANNON MARIE THACKER *. I further certify that the following marriage certificate was filed in my office: I,* RANDY WARDWELL SR. *(name), certify that on* FEBRUARY 14, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SHANE DUANE PIERCE *of* HENDRICKS *County* IN *(state), and* SHANNON MARIE THACKER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-14-93 *. Signed by:* /s/ REV. RANDY WARDWELL SR. *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 38

HENDRICKS County

File

2-3-93
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Hausell

MALE APPLICANT

Name: First Tracy Middle K Last Alspaugh

Date of Birth: Month 8 Day 31 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: 15 Bloomington Street or R.R. Greencastle City County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Wayne Alspaugh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Lenora mae Roe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Delinda Middle M Last Powers

Date of Birth: Month 3 Day 20 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: 515 W main/A Street or R.R. Plainfield City County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Ellsworth Powers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) CA
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Margie Lou Russell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Tracy Alspaugh Date 2/3/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Tracy Alspaugh

New Address

Subscribed and sworn to before me this 3rd day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant DeLinda M Powers Date 2/3/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed DeLinda M Powers

New Address

Subscribed and sworn to before me this 3rd day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-3-93, *authorizing the marriage of* TRACY ROE ALSPAUGH *and* DELINDA MARCELL POWERS. *I further certify that the following marriage certificate was filed in my office: I,* LORI A. SPENCE *(name), certify that on* FEBRUARY 20, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* TRACY ROE ALSPAUGH *of* HENDRICKS *County* IN *(state), and* DELINDA MARCELL POWERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-3-93. *Signed by:* /s/ LORI A. SPENCE, JUDGE PRO-TEMPORE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 39

File

2-3-93
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Pilot Medical Center

MALE APPLICANT

Name: First Brian Middle S Alan Last Stanley

Date of Birth: Month 7 Day 13 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Justin D.

6. (a) Full name of applicant's father E. Jessy Edward Stanley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville IN
   Birthplace of father (State or foreign country) IN or TN
   (b) Full maiden name of applicant's mother Caroline Helen DeLietto
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Brian A. Stanley Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Brian A. Stanley

New Address

Subscribed and sworn to before me this 3 day of Feb., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Amber Middle Lynne Last Ridener

Date of Birth: Month 11 Day 19 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 2 Box 323 City Clayton County IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6 91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jennifer L. Fisher; Robert R. Ridener

6. (a) Full name of applicant's father Kenneth L. Fisher
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Janice I. Wells
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Amber L. Ridener Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Amber L. Ridener

New Address

Subscribed and sworn to before me this 3 day of Feb., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-3-93 *, authorizing the marriage of* BRIAN ALAN STANLEY *and* AMBER LYNNE RIDENER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* FEBRUARY 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRIAN ALAN STANLEY *of* HENDRICKS *County* IN *(state), and* AMBER LYNNE RIDENER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-3-93 *. 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* 2-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 40

File

2-4-93
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Oldham

MALE APPLICANT

Name: First Robert Middle Gene Last Haak JR.
Date of Birth: Month 7 Day 26 Year 47
Place of Birth (State or foreign country) IN
Residence Address: 2380 Northern Dr. Plainfield, Hend, IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert G. Haak, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kissimmee, Fla.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Velma Leah Hatchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert G Haak JR Date 2-4-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Robert G Haak JR
New Address SAME
Subscribed and sworn to before me this 4th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Sue Last Neff
Date of Birth: Month 11 Day 18 Year 59
Place of Birth (State or foreign country) IN
Residence Address: 2380 Northern Dr. Plainfield, Hend. IN.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Leon Cook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alma Mary Noonan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karen S Neff Date 2/4/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Karen S Neff
New Address SAME
Subscribed and sworn to before me this 4th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-4-93 *, authorizing the marriage of* ROBERT GENE HAAK *and* KAREN SUE NEFF *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN L. CROSE *(name), certify that on* FEBRUARY 13, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ROBERT G. HAAK *of* HENDRICKS *County* IN *(state), and* KAREN SUE NEFF *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-13-93 *. Signed by:* /s/ JOHN L. CROSE *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 41

File

2-4-93
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 ☐
If No, Medical Examination or Report Dated 2-1-93
Name of Physician Tom Drees, M.D.

MALE APPLICANT

Name: First Christopher Middle Alan Last Howe

Date of Birth: Month 12 Day 20 Year 64

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 4870 Carnustie Circle City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Everett Bartley Howe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martha Jane Mullen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christopher Alan Howe Date 2-4-93

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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Christopher Alan Howe

New Address SAME

Subscribed and sworn to before me this 4th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Dru Middle Ann Last Smith

Date of Birth: Month 10 Day 4 Year 63

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. 4870 Carnustie Circle City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Arthur Junior Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clearedale, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Ann Christenberry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clearedale, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dru A. Smith Date 2-4-93

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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Dru A. Smith

New Address SAME

Subscribed and sworn to before me this 4th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-4-93 *, authorizing the marriage of* CHRISTOPHER ALAN HOWE *and* DRU ANN SMITH *. I further certify that the following marriage certificate was filed in my office: I,* DON C. TRUEX *(name), certify that on* FEBRUARY 6, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* CHRISTOPHER ALAN HOWE *of* HENDRICKS *County* IN *(state), and* DRU ANN SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-4-93 *. Signed by:* /s/ DON C. TRUEX *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 42

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 1-29-93
Name of Physician R. Hensell, M.D.

MALE APPLICANT

Name: First H. Middle Adam Last Holston

Date of Birth: Month 4 Day 25 Year 67

Place of Birth (State or foreign country) Evansville, In.

Residence Address: Street or R.R. 6745 East US 136 City Brownsburg County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Marion Clare Holston
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) U.S.
   (b) Full maiden name of applicant's mother Mercia Kathryn Morris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant H Adam Holston 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed H Adam Holston

New Address 2164 Stoneham Dr. Indpls.

Subscribed and sworn to before me this 5th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Leah Middle — Last Conley

Date of Birth: Month 10 Day 10 Year 63

Place of Birth (State or foreign country) Sewickley Pa.

Residence Address: Street or R.R. 2164 Stoneham Dr. City Indpls, County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father George Robert Conley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsburgh, Pa.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Mary Lorraine Aglietti
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsburgh, Pa.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Leah Conley 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Leah Conley

New Address Same

Subscribed and sworn to before me this 5th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-93 *, authorizing the marriage of* H. ADAM HOLSTON *and* LEAH CONLEY *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT F. GAMMON *(name), certify that on* FEBRUARY 27, 1993 *(date), at* CARMEL *in* HAMILTON *County, Indiana,* H. ADAM HOLSTON *of* HENDRICKS *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 Court of* HENDRICKS *County, Indiana, dated* 2-5-93 *. Signed by:* /s/ R. F. GAMMON *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 43

File

February 5, 1993
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a 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 Dr. Hadley

MALE APPLICANT

Name: First *Larry* Middle *Richard* Last *Daniels*
Date of Birth: Month *May* Day *5* Year *1952*
Place of Birth (State or foreign country) *Jasper* *Marion* *In.*
Residence Address: Street or R.R. *P.O Box 339* City *Clayton* County State *In.*
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date *3-6-81*
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father *Larry Gene Daniels*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Danville, In.*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Dorothy Mary Griffin*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Danville, In.*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant *Larry M. Daniels* 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 _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed *Larry M. Daniels*
New Address *P.O. Box 339 Clayton In 46118*
Subscribed and sworn to before me this *5th* day of *Feb*, 19 *93*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First *Linda* Middle *A* Last *Boyd*
Date of Birth: Month *Oct.* Day *13* Year *1959*
Place of Birth (State or foreign country) *Jasper* *Marion* *In.*
Residence Address: Street or R.R. *PO Box 339* City *Clayton* County State *In.*
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date *10-6-92*
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify)
I. D. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. *Ray Boyd*
   Nancy Boyd
   Both
6. (a) Full name of applicant's father *Phil Russell Davis Sr.*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Jasper In.*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Gretta Joan Stennett*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Jasper In.*
   Birthplace of mother (State or foreign country) *Kentucky*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant *Linda A Boyd* Date *2-5-1993*

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed *Linda A Boyd*
New Address *P.O. Box 339 Clayton, Ind 46118*
Subscribed and sworn to before me this *5th* day of *Feb*, 19 *93*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-93 *, authorizing the marriage of* 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), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____
LARRY M. DANIELS *of* HENDRICKS *County* IN *(state), and* _____
LINDA A. BOYD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-11-93 .
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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 44

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 2-3-93
Name of Physician R. Courtney, M.D.

MALE APPLICANT

Name: First Dale Middle Harlan Last Kenworthy

Date of Birth: Month 7 Day 3 Year 68

Place of Birth (State or foreign country) Martinsville, In.

Residence Address: Street or R.R. 48 E. Main St. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ronald Eugene Kenworthy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cynthia Lynn Dale
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Centerville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dale H. Kenworthy 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dale H. Kenworthy
New Address SAME

Subscribed and sworn to before me this 5th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Victoria (VICTORIA) Middle Anne Last MacDonald

Date of Birth: Month 8 Day 19 Year 67

Place of Birth (State or foreign country) Hammond, In.

Residence Address: Street or R.R. 4852 Lakeshore Pl. Apt 312 City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Andrew MacDonald
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Highland, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Jean Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Highland, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Victoria A. MacDonald 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Victoria A. MacDonald
New Address 48 E. Main St. Brownsburg IN

Subscribed and sworn to before me this 5th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-93, *authorizing the marriage of* DALE HARLAN KENWORTHY *and* VICTORIA ANNE MACDONALD. *I further certify that the following marriage certificate was filed in my office: I,* JAMES H. DODSON, III *(name), certify that on* FEBRUARY 27, 1993 *(date), at* FISHERS *in* HAMILTON *County, Indiana,* DALE HARLAN KENWORTHY *of* HENDRICKS *County* IN *(state), and* VICTORIA ANNE MACDONALD *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-5-93. *Signed by:* /s/ JAMES H. DODSON, III, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 45

HENDRICKS 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

Name: First Gary Middle L Last VanVolkenburgh

Date of Birth: Month 2 Day 5 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1712 Hamblen Dr. City Indpls County State IN 46234

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ira Wayne VanVolkenburg
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Unice Marie Boucher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Gary L. VanVolkenburgh 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Gary L. VanVolkenburgh
New Address

Subscribed and sworn to before me this 5th day of Feb., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jamie Middle L Last Garrett

Date of Birth: Month 1 Day 23 Year 68

Place of Birth (State or foreign country)

Residence Address: Street or R.R. 1906 High Eagle Tr 910 City Indpls County State IN 46224

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jim Dale Garrett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Connie Lee Carnell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Jamie L. Garrett 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Jamie L. Garrett
New Address 1712 E. Hamblen Dr. Indpls, In 46231

Subscribed and sworn to before me this 5th day of Feb., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-93 *, authorizing the marriage of* GARY LEE VAN VOLKENBURGH *and* JAMIE LEE GARRETT *. I further certify that the following marriage certificate was filed in my office: I,* GLENN W. McDONALD *(name), certify that on* APRIL 3, 1993 *(date), at* ZIONSVILLE *in* BOONE *County, Indiana,* GARY LEE VAN VOLKENBURGH *of* MARION *County* IN *(state), and* JAMIE LEE GARRETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-5-93 *. Signed by:* /s/ GLENN W. McDONALD *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 46

HENDRICKS 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

Name: First Roy Middle Edward Last Tague Jr.

Date of Birth: Month 8 Day 30 Year 34

Place of Birth (State or foreign country) Sullivan, In.

Residence Address: Street or R.R. Box 245 City Plainfield County State In.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Roy Edward Tague Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Helen Mae McKinley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Roy E Tague Jr 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Roy E Tague Jr

New Address 8225 W Washington Apt 24

Subscribed and sworn to before me this 5th day of Feb., 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Flo Middle C Last Beachman

Date of Birth: Month 4 Day 23 Year 33

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 9825 W. Washington Lot 24 City, Indpls. County State In.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Dewey Donald Catemon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Dora Cordray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Flo C Beachman 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Flo C Beachman

New Address Same

Subscribed and sworn to before me this 5th day of Feb., 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-93 *, authorizing the marriage of* ROY EDWARD TAGUE, JR. *and* FLO CAROL BEACHMAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. THOMAS E. SMSITH *(name), certify that on* FEBRUARY 7, 1993 *(date), at* STILESVILLE *in* HENDRICKS *County, Indiana,* ROY EDWARD TAGUE, JR. *of* HENDRICKS *County* IN *(state), and* FLO CAROL BEACHMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-5-93 *. Signed by:* /s/ REV. THOMAS E. SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 47

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 2-3-93
Name of Physician J. Blash, M.D.

MALE APPLICANT

Name First Larry Middle Joe Last Miller

Date of Birth Month 11 Day 2 Year 67

Place of Birth (State or foreign country) Indianapolis In.

Residence Address 601 Mariway Rd., Indpls. In 46234 Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Edward Larry Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Grand Junction, Co.
   Birthplace of father (State or foreign country) Co.
   (b) Full maiden name of applicant's mother Mary Suzanne Adams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Larry J Miller 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Larry J Miller
New Address same

Subscribed and sworn to before me this 5th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Kimberly Middle Sue Last Engel

Date of Birth Month 7 Day 10 Year 70

Place of Birth (State or foreign country) Oakland, Ill.

Residence Address PO Box 248 Street or R.R. North Salem City County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Carl D. Engel Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Noblesville, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Karen Margaret Wagner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kimberly Sue Engel 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kimberly Sue Engel
New Address 601 Mariway Rd Indpls In 46234

Subscribed and sworn to before me this 5th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-93 *, authorizing the marriage of* LARRY JOE MILLER *and* KIMBERLY SUE ENGEL *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* FEBRUARY 5, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY JOE MILLER *of* 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* HENDRICKS *County, Indiana, dated* 2-5-93 *. 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* 2-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 48

File

2-8-93
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
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Gregory Middle E. Last Garrison

Date of Birth: Month 9 Day 7 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: 2041 W Main St. Street or R.R. Plainfield City IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Larry Wayne Garrison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Martha Viola Muse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Greg Garrison Date 2-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Greg Garrison
New Address same

Subscribed and sworn to before me this 8th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Tanya Middle L Last Muns

Date of Birth: Month 5 Day 16 Year 76

Place of Birth (State or foreign country) Indiana

Residence Address: 3163 South Wayne Street or R.R. Indpls City IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒
   If answer is "yes," has the adjudication been removed? No ☒
2. Are you related to the male applicant closer than second cousin? No ☒
3. Are you now under the influence of an alcoholic beverage? No ☒
4. Are you now under the influence of a narcotic drug? No ☒
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jodie Muns
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Teresa M. E
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicabl
that are sexually transmitted, and a list of the test sites for the virus that causes AID
immune deficiency syndrome).

X Signature of Applicant Tanya Muns Date 2

The above applicant has objected to verifying by oath or affirmation or signature to
acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the infor
in this application is true

X Signed Tanya Muns
New Address 2041 W Main St Plainfi

Subscribed and sworn to before me this 8th day of Feb, 19 93

Connie Lawson 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 p
state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____

IT IS THEREFORE ORDERED by the Court that the pare
requirement as to Tanya Muns is hereby waived, and the
should be granted.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named part
_____ County _____ Court, by written order issued _____
and filed in _____, 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, dated* 2-8-93 *, authorizing the marriage of* GREGORY E. GARRISON *and* TANYA L. MUNS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* FEBRUARY 8, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GREGORY E. GARRISON *of* HENDRICKS *County* IN *(state), and* TANYA L. MUNS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-8-93 *. 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* 2-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 48

File

2-8-93 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
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Gregory Middle E. Last Garrison

Date of Birth: Month 9 Day 7 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2041 W Main St. City Plainfield County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Larry Wayne Garrison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Martha Viola Muse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Greg Garrison Date 2-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Greg Garrison
New Address same

Subscribed and sworn to before me this 8th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tanya Middle L Last Muns

Date of Birth: Month 5 Day 16 Year 76

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3163 South Wayne City Indpls County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Bi

1. Are you now or have
   If answer is "yes," ha
2. Are you related to the
3. Are you now under th
4. Are you now under th
5. List the full names of

6. (a) Full name of
   (If adopted,
   Residence o
   Birthplace of
   (b) Full maiden
   (If adopted,
   Residence o
   Birthplace o

I acknowledge that I
that are sexually transm
immune deficiency syndrom
X Signature of Applicant

The above applicant ha
acknowledgment because o
Clerk of Court

State of Indiana
County of HENDRI
X Signed
New Address
Subscribed and sworn to be

CONSENT OF PARENTS, P
We, the parents of this
state facts which make the c

State of Indiana
County of HENDRIC
Father
Mother
Subscribed and sworn to bef

FILED
FEB 3 1993
Connie Lawson CLERK HENDRICKS CIRCUIT SUPERIOR COURT

IN THE MARION COUNTY CIRCUIT COURT

CAUSE NO. _____

IN RE THE MATTER OF)
)
GREG GARRISON and)
TANYA MUNS)

ORDER GRANTING LEAVE TO MARRY

Come now Greg Garrison and Tanya Muns

FILED
FEB 08 1993
Faye L Mowery CLERK

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license ha
_____ County _____ Court, by writ
and filed in _____, 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 HENDRICKS *County, Indiana, dated* 2-8-93 *, authorizing the marriage of* GREGORY E. GARRISON *and* TANYA L. MUNS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* FEBRUARY 8, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GREGORY E. GARRISON *of* HENDRICKS *County* IN *(state), and* TANYA L. MUNS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-8-93 *. 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* 2-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS
Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 49

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated 1-22-93
Name of Physician A. Burki, M.D.

MALE APPLICANT

Name First Ronald Middle D. Last Branch
Date of Birth Month 12 Day 25 Year 46
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. Rt 1 Box 26 City Clayton County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Tillman Branch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Darnell Dunn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ronald D. Branch 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Ronald D. Branch
New Address same
Subscribed and sworn to before me this 9th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Geraldean Middle Rucker Last
Date of Birth Month 5 Day 10 Year 44
Place of Birth (State or foreign country) New Castle, In.
Residence Address Street or R.R. Rt 3 Box 37 City Arlington County In. State 46104 Rush Co.
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) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Glenn David McIntosh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Knightstown, In.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Mildred Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Geraldean Rucker 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Geraldean Rucker
New Address RR#3 Box 26 Clayton In 46118
Subscribed and sworn to before me this 9th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-93 *, authorizing the marriage of* RONALD GARY BRANCH *and* GERALDEAN RUCKER *. I further certify that the following marriage certificate was filed in my office: I,* DR. REV. JAMES EDWARD RUDIGER *(name), certify that on* FEBRUARY 14, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RONALD GARY BRANCH *of* HENDRICKS *County* IN *(state), and* GERALDEAN RUCKER *of* RUSH *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-9-93 *. Signed by:* /s/ JAMES EDWARD RUDIGER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 50

HENDRICKS County

File

2-10-93
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

Name: First Paul Middle James Last Tucker
Date of Birth: Month May Day 19 Year 1966
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4124 Fawn Ct City Pittsboro County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Joseph Tucker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martha Jane Huleman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Paul James Tucker Date 2/10/93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Paul James Tucker
New Address 4124 Fawn Crt Pittsboro IN
Subscribed and sworn to before me this 10th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Laurajean Middle Maria Last Downey
Date of Birth: Month March Day 4 Year 1967
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 616 Christopher Ct City Cloverdale County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Thomas Michael Downey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Lydia Maria DeGrande
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Laura Jean Maria Downey Date 2-10-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Laura Jean Maria Downey
New Address SAME
Subscribed and sworn to before me this 10th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-10-93 *, authorizing the marriage of* PAUL JAMES TUCKER *and* LAURAJEAN MARIA DOWNEY *. I further certify that the following marriage certificate was filed in my office: I,* REV. DANIEL B. DONOTTUO *(name), certify that on* MARCH 27, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* PAUL JAMES TUCKER *of* HENDRICKS *County* IN *(state), and* LAURAJEAN MARIA DOWNEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-27-93 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 51

File

2-11-93
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 IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-9-93
Name of Physician D. Wunder, M.D.

MALE APPLICANT

Name: First William Middle Steven Last Martin
Date of Birth: Month 11 Day 22 Year 51
Place of Birth (State or foreign country) Seymour, In.
Residence Address: Street or R.R. 538 E. Main City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William S. Martin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Seymour, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Betty L. Waskom
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Seymour, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant W.S. Martin Date 2-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed W.S. Martin
New Address Same
Subscribed and sworn to before me this 11 day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this ____ day of _____, 19__
_____ Clerk

FEMALE APPLICANT

Name: First Lynette Middle Sue Last Underwood
Date of Birth: Month 12 Day 11 Year 56
Place of Birth (State or foreign country) Estherville, Iowa
Residence Address: Street or R.R. 538 E. Main City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Underwood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft. Wayne, In.
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Benora Mitchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ft. Wayne, In.
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lynette Underwood Date 2-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lynette Underwood
New Address Same
Subscribed and sworn to before me this 11 day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19__
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-11-93 *, authorizing the marriage of* WILLIAM STEVEN MARTIN *and* LYNETTE SUE UNDERWOOD *. I further certify that the following marriage certificate was filed in my office: I,* RONALD M. JOHNSON *(name), certify that on* FEBRUARY 14, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* WILLIAM STEVEN MARTIN *of* HENDRICKS *County* IN *(state), and* LYNETTE SUE UNDERWOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-11-93 *. Signed by:* /s/ RONALD M. JOHNSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 52

File

2-11-93
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 IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-2-9-93
Name of Physician Thomas Miller, M.D.

MALE APPLICANT

Name First Mark Middle W. Last Smith

Date of Birth Month 8 Day 22 Year 49

Place of Birth (State or foreign country) Louisville In.

Residence Address Street or R.R. P O Box 235 City Stilesville County State In.

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) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Raymond W. Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Maida E. Plessinger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark W. Smith Date 2/11/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mark W. Smith

New Address same

Subscribed and sworn to before me this 11th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Margaret Middle Lee Last Lacey

Date of Birth Month 6 Day 17 Year 58

Place of Birth (State or foreign country) Kokomo In.

Residence Address Street or R.R. 1737 Creighton Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Leroy M. Lacy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kokomo, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Joan Amelia Eisenbarth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kokomo, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Margaret L Lacy Date 2-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Margaret Lacy

New Address po BOX 235 Stilesville IN

Subscribed and sworn to before me this 11th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-11-93 *, 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 *in* HENDRICKS *County, Indiana,* MARK W. SMITH *of* HENDRICKS *County* IN *(state), and* MARGARET LEE LACEY *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-11-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 53

HENDRICKS County

File

2-11-93
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 IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-22-93
Name of Physician Dr. Swart, M.D.

MALE APPLICANT

Name: First Gary Middle Dewayne Last McHone

Date of Birth: Month 2 Day 10 Year 55

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jeremy S.
6. (a) Full name of applicant's father Jackson Dale McHone
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Harriett Ann Beaver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Gary D McHone Date 2/11/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Gary D McHone

New Address _____

Subscribed and sworn to before me this 11 day of Feb., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Phyllis Middle ann Last Wilmer

Date of Birth: Month 12 Day 4 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 527 South Grant St. City B'burg, County Hendricks, State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only) Robert E. Wilmer
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only) Barbara Hennings
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Phyllis A Wilmer Date 2-11-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Phyllis Wilmer

New Address _____

Subscribed and sworn to before me this 11 day of Feb., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-11-93 *, authorizing the marriage of* GARY DWAYNE McHOME *and* PHYLLIS ANN WILMER *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT FELTON CARTER *(name), certify that on* MARCH 20, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GARY DWAYNE McHOME *of* HENDRICKS *County* IN *(state), and* PHYLLIS AN WILMER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-20-93 *. Signed by:* /s/ DR. ROBERT FELTON CARTER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 54

HENDRICKS County

File

2-11-93
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 IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-11-93
Name of Physician M. Pizzalato M.D.

MALE APPLICANT

Name First Donald Middle John Last Maw

Date of Birth Month 6 Day 11 Year 48

Place of Birth (State or foreign country) Chicago, Ill.

Residence Address 1196 E 500 N Danville, In. Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert John Maw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Emily Evelyn Asher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kokomo, In.
   Birthplace of mother (State or foreign country) Minn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donald J Maw Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Donald J Maw

New Address same

Subscribed and sworn to before me this 11th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First Marialisa Middle V. Last Dugan

Date of Birth Month 3 Day 4 Year 54

Place of Birth (State or foreign country) Hayward, Ca.

Residence Address 1196 E 500 N Danville, In. Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Raymond Louis Ford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Betty Gene Zander
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Marialisa V. Dugan Date 2/11/93

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Marialisa V. Dugan

New Address same

Subscribed and sworn to before me this 11th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated , authorizing the marriage of and . I further certify that the following marriage certificate was filed in my office: I, (name), certify that on (date), at in County, Indiana, of County (state), and of County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated . Signed by: , (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).*

Signed Clerk

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 55

HENDRICKS 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 2-9-93
Name of Physician C. Brown, M.D.

MALE APPLICANT

Name: First Kenny Middle Dwayne Last Berry

Date of Birth: Month 3 Day 23 Year 63

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. 5303 E Rd 100 N City Danville County State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Henry Berry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Betty Sue Kagen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kenny D. Berry Date 2-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kenny D. Berry
New Address 5313 E Rocklieigh Ave Indpls

Subscribed and sworn to before me this 12th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stacey Middle Ann Last Schofield

Date of Birth: Month 4 Day 14 Year 65

Place of Birth (State or foreign country) Peoria, Ill.

Residence Address: Street or R.R. 7313-C Rockleigh Ave. City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Edward Schofield
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Peoria, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Jacqueline Mae Sunkin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stacey A. Schofield Date 2-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stacey A. Schofield
New Address Same

Subscribed and sworn to before me this 12th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-12-93 *, authorizing the marriage of* KENNY DWAYNE BERRY *and* STACEY ANN SCHOFIELD *. I further certify that the following marriage certificate was filed in my office: I,* GARY E. MILLS *(name), certify that on* FEBRUARY 13, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KENNY DWAYNE BERRY *of* HENDRICKS *County* IN *(state), and* STACEY ANN SCHOFIELD *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-13-93 *. Signed by:* /s/ PASTOR GARY E. MILLS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 56

HENDRICKS 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 A. M. Poe, M.D.

MALE APPLICANT

Name: First Rex Middle Allen Last Dunagan

Date of Birth: Month 5 Day 20 Year 67

Place of Birth (State or foreign country) Greenfield In.

Residence Address: Street or R.R. RR 2 Box 298 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Tyram Jefferson Dunagan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Norma Jean Ellis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rex A Dunagan Date 2-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rex A Dunagan

New Address _____

Subscribed and sworn to before me this 12 day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Lynn Last Abernathy

Date of Birth: Month 1 Day 30 Year 72

Place of Birth (State or foreign country) Robinson, Ill.

Residence Address: Street or R.R. PO Box 25 City Stilesville County State In.

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) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Paige Nicole Reed 2 yrs.

6. (a) Full name of applicant's father Randy Allen Reed
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tuscola, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Robin Lynn Klump
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stuart, Fla.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amy L. Abernathy Date 2-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amy L. Abernathy

New Address R2 Box 298 Clayton, In.

Subscribed and sworn to before me this 12 day of 12th Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-12-93 *, authorizing the marriage of* REX ALLEN DUNAGAN *and* AMY LYNN ABERNATHY *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* FEBRUARY 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* REX ALLEN DUNAGAN *of* HENDRICKS *County* IN *(state), and* AMY LYNN ABERNATHY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-12-93 *. 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* 2-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 57

File

2-16-93 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 R. Steagmoller R. Steagmoller

MALE APPLICANT

Name: First Gerry Middle Lynn Last Shoulders II

Date of Birth: Month 11 Day 30 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 647 Hawley Dr. City Danville County IN State 46122

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brock A. Shoulders

6. (a) Full name of applicant's father Gerry Lynn Shoulders
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Toni Marie Cook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Gerry L Shoulders II 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Gerry L Shoulders II

New Address _____

Subscribed and sworn to before me this 16th day of Feb, 19 2-16-93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Charlotte Middle Renee Last Faulkner

Date of Birth: Month 9 Day 20 Year 74

Place of Birth (State or foreign country) Indpls IN

Residence Address: Street or R.R. 3520 W. Main City Danville County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brock A. Shoulders

6. (a) Full name of applicant's father Ronald L. Faulkner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Lucille E. Deyo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) S. Dakota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Charlotte Faulkner 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Charlotte R Faulkner

New Address 9525 Harmony Dr

Subscribed and sworn to before me this 16 day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-16-93 *, authorizing the marriage of* GERRY L. SHOULDERS II *and* CHARLOTTE R. FAULKNER *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE F. KEHLER *(name), certify that on* MARCH 20, 1993 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* GERRY L. SHOULDERS II *of* HENDRICKS *County* IN *(state), and* CHARLOTTE R. FAULKNER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-16-93 *. Signed by:* /s/ GEORGE F. KEHLER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 58

HENDRICKS County

File

2-16-93
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 1-13-93
Name of Physician W. Edwards, M.D.

MALE APPLICANT

Name: First James Middle Arthur Last Glidden

Date of Birth: Month 11 Day 13 Year 39

Place of Birth (State or foreign country) Albion, Me

Residence Address: Street or R.R. 4125 S. Kybalt St. City Indpls. County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Karl Wesley Glidden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Maine
   (b) Full maiden name of applicant's mother Mura Estelle Stevens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Maine

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James Arthur Glidden 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James Arthur Glidden
New Address 859 Brookside Ln Plainfield In.

Subscribed and sworn to before me this 16th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle Frances Last Carrell

Date of Birth: Month 2 Day 1 Year 46

Place of Birth (State or foreign country) Flint, Mi.

Residence Address: Street or R.R. 859 Brookside Ln City Plainfield County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

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? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Brice During Sells
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Hazel Gertrude Boucom
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Flint, Mi
   Birthplace of mother (State or foreign country) North Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Linda Frances Carrell 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Linda F. Carrell
New Address Same as above

Subscribed and sworn to before me this 16th day of Feb., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-16-93, *authorizing the marriage of* JAMES ARTHUR GLIDDEN *and* LINDA FRANCES CARRELL. *I further certify that the following marriage certificate was filed in my office: I,* ROBERT D. SPANTON *(name), certify that on* MARCH 27, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAMES ARTHUR GLIDDEN *of* MARION *County* IN *(state), and* LINDA FRANCES CARRELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-27-93. *Signed by:* /s/ ROBERT D. SPANTON, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-31-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 59

HENDRICKS County

File

2-17-93 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. Stewart

MALE APPLICANT

Name: First Russell Middle Walker Last Wheat

Date of Birth: Month 6 Day 9 Year 63

Place of Birth (State or foreign country) Cob

Residence Address: Street or R.R. 166 Sycamore City Brownsburg, County Hend State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert D. Wheat
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IL
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Lois A. Linker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IL
   Birthplace of mother (State or foreign country) Cob

FEMALE APPLICANT

Name: First Lisa Middle JO Last Long

Date of Birth: Month 7 Day 29 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 166 Sycamore City Brownsburg, County Hend State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael J. Raymond
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Cindy Lou Rawson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Russell Wheat Date ☒ 2-17-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Russell Wheat

New Address _____

Subscribed and sworn to before me this 17th day of February, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Lisa J. Long Date ☒ 2-17-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Lisa J. Long

New Address _____

Subscribed and sworn to before me this 17th day of February, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-17-93 *, authorizing the marriage of* RUSSELL WALKER WHEAT *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,* RUSSELL WALKER WHEAT *of* HENDRICKS *County* IN *(state), and* LISA JO LONG *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-17-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 60

File

2-17-93
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 Rosen

MALE APPLICANT

Name: First Jason Middle Carl Last Barnes

Date of Birth: Month 6 Day 26 Year 75

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6295 ST RD 136 City B'burg County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father David C. Barnes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Denise E. Warrick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jason Barnes Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jason Barnes
New Address 6295 ST Rd 136 B'burg IN

Subscribed and sworn to before me this 17 day of Feb. , 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father X David C. Barnes ID # 453-13-6546
Mother X Denise E. Barnes ID # 314645508

Subscribed and sworn to before me this 17 day of Feb. , 19 93

Connie Lawson Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Marie Last Sevier

Date of Birth: Month 8 Day 21 Year 76

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1068 Lake Dr. City East County B'burg State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Ray E. Sevier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Teresa A. Hall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer Sevier Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jennifer Sevier
New Address

Subscribed and sworn to before me this 17 day of Feb. , 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father X Ray E Sevier ID # 306-62-2344
Mother X Teresa Sevier ID # 304645674

Subscribed and sworn to before me this 17 day of Feb , 19 93

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court, by written order issued Age Waiver and filed in Clerks office, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-17-93 *, authorizing the marriage of* JASON CARL BARNES *and* JENNIFER MARIE SEVIER *. I further certify that the following marriage certificate was filed in my office: I,* DAN J. SMETZER *(name), certify that on* FEBRUARY 21, 1993 *(date), at* AMO *in* HENDRICKS *County, Indiana,* JASON CARL BARNES *of* HENDRICKS *County* IN *(state), and* JENNIFER MARIE SEVIER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-21-93 *. Signed by:* /s/ DAN J. SMETZER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 61

File

2-18-93 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 1-12-93
Name of Physician R. Howell, M.D.

MALE APPLICANT

Name: First Michael Middle Phillip Last Ping

Date of Birth: Month 6 Day 22 Year 59

Place of Birth (State or foreign country) Bloomington, In.

Residence Address: Street or R.R. 529 Maple Ln. City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ray Albert Ping
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Vivian Rachel Theriault
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) New Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael Ping Date 2/18/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael Ping
New Address SAME

Subscribed and sworn to before me this 18th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Robin Last Strainer

Date of Birth: Month 4 Day 9 Year 64

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R.R. 529 Maple Ln City Brownsburg County In. 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 ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Walter Keith Veale
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Ruth Ann Murphy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Patricia R. Strainer Date 2-18-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Patricia R. Strainer
New Address Same

Subscribed and sworn to before me this 18th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-18-93 *, authorizing the marriage of* MICHAEL PHILLIP PING *and* PATRICIA ROBIN STRAINER *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* MARCH 10, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MICHAEL PHILLIP PING *of* HENDRICKS *County* IN *(state), and* PATRICIA ROBIN STRAINER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-10-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 62

File

2-18-93
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 3-4-93
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name First: William Middle: Frederick Last: Settle

Date of Birth Month: 5 Day: 28 Year: 60

Place of Birth (State or foreign country): Franklin In.

Residence Address Street or R.R.: 1731 Birch Ct., City: Plainfield, County: State: In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William K. Settle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Camby, In.
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Dorothy Ramona Raly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Camby, In.
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant William F. Settle Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed William F. Settle

New Address SAME

Subscribed and sworn to before me this 18th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First: Margaret Middle: Elaine Last: Mayer

Date of Birth Month: 1 Day: 22 Year: 59

Place of Birth (State or foreign country): Indianapolis In.

Residence Address Street or R.R.: 1731 Birch Ct. City: Plainfield, County: State: In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Herman Pitcock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Gladys Hammer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ft. Lauderdale, Fl.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Margaret Mayer Date 2/18/93

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Margaret Mayer

New Address Same

Subscribed and sworn to before me this 18th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-18-93, *authorizing the marriage of* WILLIAM FREDERICK SETTLE *and* MARGARET ELAINE MAYER. *I further certify that the following marriage certificate was filed in my office: I,* REV. FRANK GOODWIN *(name), certify that on* MARCH 20, 1993 *(date), at* CAMBY *in* MARION *County, Indiana,* WILLIAM FREDERICK SETTLE *of* HENDRICKS *County* IN *(state), and* MARGARET ELAINE MAYER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-20-93. *Signed by:* /s/ FRANK GOODWIN, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 63

File

2-18-93
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 2-10-93
Name of Physician C. Tripple, M.D.

MALE APPLICANT

Name: First Jason Middle Alan Last Edwards
Date of Birth: Month 11 Day 26 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 8 Wilson Dr., City Mooresville, County, State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert E. Edwards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Joyce Ann Bauer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jason A. Ed Date Feb 18, 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jason A. Ed
New Address 72 Port Sylvia Dr. Apt. D INDPLS, IN
Subscribed and sworn to before me this 18th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Mandy Middle Faye Last Wright
Date of Birth: Month 2 Day 18 Year 75
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 4285 N 575 E City Brownsburg, County, State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bruce Davis Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Melva Faye Bryant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mandy F Wright Date 2-18-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Mandy F Wright
New Address 72 Port Sylvia Dr. Apt. D INDPLS, IN
Subscribed and sworn to before me this 18th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-18-93 *, authorizing the marriage of* JASON ALAN EDWARDS *and* MANDY FAYE WRIGHT *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* FEBRUARY 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JASON ALAN EDWARDS *of* MORGAN *County* IN *(state), and* MANDY FAYE WRIGHT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-18-93 *. 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* 2-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 64

HENDRICKS County

File

2-18-93 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 1-25-93
Name of Physician J. A. Robinson, M.D.

MALE APPLICANT

Name: First Glenn Middle Carl Last Cinkus

Date of Birth: Month 10 Day 7 Year 71

Place of Birth (State or foreign country) Hinsdale, Ill.

Residence Address: Street or R.R. 540 Wilson St. City Downers Grove County State Ill.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Carl Jesse Cinkus
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Downers Grove Ill.
   Birthplace of father (State or foreign country) Ill
   (b) Full maiden name of applicant's mother Nancy Emily Spada
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Downers Grove, Ill.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Glenn Carl Cinkus Date 18FEB93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Glenn Carl Cinkus

New Address 4 OLES DR. BROWNSBURG IN. 46112

Subscribed and sworn to before me this 18th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PAR

We, the parents … parent signs, state facts which m…

State of Indiana
County of …
Father
Mother
Subscribed and s… Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Lynn Last Tibbett

Date of Birth: Month 2 Day 13 Year 71

Place of Birth (State or foreign country) Little Rock Arkansas

Residence Address: Street or R.R. 4 Oles Dr. City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William Newell Tibbett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Carolyn Lucille Purdy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rebecca S. Tibbett Date 2-18-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rebecca Lynn Tibbett

New Address Same

Subscribed and sworn to before me this 18th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk

Please Do Not Publish

COMPLETE … OF COURT. A marriage license having been refused to the above named parties, the … Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-18-93 *, authorizing the marriage of* GLENN CARL CINKUS *and* REBECCA LYNN TIBBETT *. I further certify that the following marriage certificate was filed in my office: I,* HAROLD L. LEININGER II *(name), certify that on* FEBRUARY 19, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* GLENN CARL CINKUS *of* DU PAGE *County* ILL. *(state), and* REBECCA LYNN TIBBETT *of* HENDRICKS *County* IN. *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-93 *. Signed by:* /s/ HAROLD L. LEININGER II *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 65

HENDRICKS County

File

2-19-93 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 B. Negarra, M.D.

MALE APPLICANT

Name: First John Middle Eugene Last Ellington

Date of Birth: Month 10 Day 9 Year 63

Place of Birth (State or foreign country) St. Louis, Mo.

Residence Address: Street or R.R. 8111 S. Louisville City Tulsa County TULSA State ok.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Eugene Ellington
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St. Louis, Mo.
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Evelyn Lucinda Wakefield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) St. Louis, Mo.
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John E Ellington Jr Date 2/19/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John E Ellington Jr
New Address Same as above

Subscribed and sworn to before me this 19th day of Feb, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Kelly Middle Bridget Last Strain

Date of Birth: Month 9 Day 24 Year 55

Place of Birth (State or foreign country) Honolulu, Ha

Residence Address: Street or R.R. 8111 S. Louisville City Tulsa County TULSA State ok.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James William Strain
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ks.
   (b) Full maiden name of applicant's mother Anita Kay Walker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) San Antonio, Tx
   Birthplace of mother (State or foreign country) Tx.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kelly B Strain Date 2/19/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kelly B. Strain
New Address Same as above

Subscribed and sworn to before me this 19th day of Feb, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-19-93 *, authorizing the marriage of* JOHN EUGENE ELLINGTON *and* KELLY BRIDGET STRAIN *. I further certify that the following marriage certificate was filed in my office: I,* FATHER CHARLES SEAN CHESEBROUGH *(name), certify that on* FEBRUARY 20, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN EUGENE ELLINGTON *of* TULSA *County* OK *(state), and* KELLY BRIDGET STRAIN *of* TULSA *County* OK *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-20-93 *. Signed by:* /s/ FR. C.S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 66

File

2-19-93 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 2-4-93
Name of Physician David Kenley, M.D.

MALE APPLICANT

Name: First Billy Middle Ray Last Alexander

Date of Birth: Month 2 Day 25 Year 59

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. RR1 Box 15 City Pittsboro County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Megan Lea Alexander 7 yrs.
   Matthew Wayne Alexander 5 yrs.
6. (a) Full name of applicant's father Billy Lee Alexander
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Ruby Charlene Ray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Billy Ray Alexander Date 2/18/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Billy Ray Alexander
New Address Same As Above

Subscribed and sworn to before me this 19th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tracie Middle Leann Last Ridenour

Date of Birth: Month 1 Day 5 Year 68

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. RR1 Box 15 City Pittsboro County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Madyson Ridenour 4 yrs.
6. (a) Full name of applicant's father Richard E. Ridenour
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Beverly A. Hendricks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tracie L. Ridenour Date 2-19-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Tracie L. Ridenour
New Address Same as above

Subscribed and sworn to before me this 19th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-19-93 *, authorizing the marriage of* BILLY RAY ALEXANDER *and* TRACIE LEANN RIDENOUR *. I further certify that the following marriage certificate was filed in my office: I,* WM. J. BROWN *(name), certify that on* MARCH 20, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* BILLY RAY ALEXANDER *of* HENDRICKS *County* IN *(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* 2-19-93 *. Signed by:* /s/ WM. J. BROWN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 67

HENDRICKS County

File

2-19-93
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 1-19-93
Name of Physician C. Hinkenton, M.D. (?)

MALE APPLICANT

Name: First Brian Middle Keith Last Pieper

Date of Birth: Month 7 Day 30 Year 73

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 10254 Osceola Dr. City Hendricks County Indpls State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Certificate of Baptism

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Keith Albert Pieper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Cheryl Elaine Walton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Brian K. Pieper Date 2/19/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Brian K. Pieper
New Address same

Subscribed and sworn to before me this 19th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Yvonne Last Mathis

Date of Birth: Month 9 Day 6 Year 74

Place of Birth (State or foreign country) Ft. Riley, Ks.

Residence Address: Street or R.R. 10254 Osceola Dr. City Indpls, County State In 46234

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Michael Lee Mathis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Brooksie Yvonne Carnel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Angela J. Mathis Date 2/19/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Angela Y. Mathis
New Address Same

Subscribed and sworn to before me this 19th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-19-93 *, authorizing the marriage of* BRIAN KEITH PIEPER *and* ANGELA YVONNE MATHIS *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* FEBRUARY 20, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRIAN KEITH PIEPER *of* HENDRICKS *County* IN *(state), and* ANGELA YVONNE MATHIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-93 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 68

File

2-19-93
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 2-11-93
Name of Physician Robert Hoven M.D.

MALE APPLICANT

Name: First Isaac Middle Harman Last Whitt Sr.

Date of Birth: Month 5 Day 24 Year 31

Place of Birth (State or foreign country) Cedar Bluff, Va.

Residence Address: Street or R.R. P O Box 61 City Amo County State In.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Melburn Robert Whitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Millie Alice Puckett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Isaac H Whitt Sr. Date 2-19-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Isaac H Whitt Sr.
New Address Same

Subscribed and sworn to before me this 19th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Dolly Middle Rose Last Johnson

Date of Birth: Month 7 Day 2 Year 55

Place of Birth (State or foreign country) Brozil In.

Residence Address: Street or R.R. R R 2 Box 88A City Cloverdale County State In.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Silas Mooma
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Georgia Grace Sparks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dolly Johnson Date 2-19-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dolly Johnson
New Address P.O. Box 61 Amo In 46103

Subscribed and sworn to before me this 19th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-19-93 *, authorizing the marriage of* ISAAC HARMAN WHITT, SR. *and* DOLLY ROSE JOHNSON *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES E. LINTON *(name), certify that on* FEBRUARY 20, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ISAAC HARMAN WHITT, SR. *of* HENDRICKS *County* IN *(state), and* DOLLY ROSE JOHNSON *of* PUTNAM *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-20-93 *. Signed by:* /s/ CHARLES E. LINTON, ELDER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 69

File

2-19-93 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

Name: First Roger Middle Dale Last Pierce

Date of Birth: Month 2 Day 21 Year 47

Place of Birth (State or foreign country): New Castle In.

Residence Address: Street or R.R. 7013 Blackforest Dr. City Plainfield County State In.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Harold Pierce
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Katherine Gribbins Gribbons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Castle, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Roger Dale Pierce Date 2-19-93

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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Roger Dale Pierce

New Address SAME

Subscribed and sworn to before me this _____ day of _____, 19 2-19-93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Regina Middle Catherine Last Hammond

Date of Birth: Month 10 Day 16 Year 36

Place of Birth (State or foreign country): Irvington, Ky.

Residence Address: Street or R.R. 7013 Blackforest ~~Dr.~~ Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Henry Byron Priest
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Blanch Mae Connor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Regina C. Hammond Date 2-19-93

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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Regina C. Hammond

New Address SAME

Subscribed and sworn to before me this 19th day of Feb, 19 ~~94~~ 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-19-93 *, authorizing the marriage of* ROGER DALE PIERCE *and* REGINA CATHERINE HAMMOND *. I further certify that the following marriage certificate was filed in my office: I,* MARK C. MATHIS *(name), certify that on* FEBRUARY 27, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ROGER DALE PIERCE *of* HENDRICKS *County* IN *(state), and* REGINE CATHERINE HAMMOND *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-93 *. Signed by:* /s/ MARK C. MATHIS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 70

HENDRICKS County

File

2-22-93
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 M. Graham

MALE APPLICANT

Name: First William Middle Matthew Last Carte

Date of Birth: Month 4 Day 5 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 21 Greenwood Dr. City Mooresville County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father John W. Carte
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Esther J. Hess
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville IN
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x William M. Carte Date 2/22/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x William M. Carte

New Address _____

Subscribed and sworn to before me this 22 day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Christina Middle Elicabeth Last Herbstreit

Date of Birth: Month 4 Day 7 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 650 W. Township Rd. City Plfd County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Eugene Fredrick Herbstreit Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Sandra Lee Durrett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Christina E. Herbstreit Date 2-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Christina E. Herbstreit

New Address 650 W. Township Rd Plfd

Subscribed and sworn to before me this 22 day of Feb., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-22-93 *, authorizing the marriage of* WILLIAM M. CARTE *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 *of* MORGAN *County* IN *(state), and* CHRISTINA E. HERBSTREIT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-13-93 *. Signed by:* /s/ REV. MARK MACWHORTER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-16-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 71

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated 2-23-93
Name of Physician D. Stegemoller, M.D.

MALE APPLICANT

Name: First Steven Middle Wayne Last Duckett

Date of Birth: Month 4 Day 4 Year 49

Place of Birth (State or foreign country) Richmond In.

Residence Address: Street or R.R. 145 S Indiana St. City Dozaville County In 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 ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sherie Lyn Duckett 20yrs
   Shawn Brandon Duckett 11yrs
   Cory Jonathan Duckett 8yrs
6. (a) Full name of applicant's father Donald Lewis Duckett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Winchester, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Lorraine Stanton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Richmond, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Steven Duckett Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Steven Duckett
New Address 30 SUBURBAN DR DANVILLE
Subscribed and sworn to before me this 23rd day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Retha Middle Kay Last Roberts

Date of Birth: Month 5-2 Day Year 47

Place of Birth (State or foreign country) Anderson, In.

Residence Address: Street or R.R. 30 Suburban Dr. City Dozaville County State In.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Leora Mundt 17yrs.
   George Mundt 13yrs.
6. (a) Full name of applicant's father Elgin Duane Guick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Margie Katherine Taylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Retha K. Roberts Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Retha K. Roberts
New Address Same
Subscribed and sworn to before me this 23rd day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-23-93 *, authorizing the marriage of* STEVEN WAYNE DUCKETT *and* RETHA KAY ROBERTS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* FEBRUARY 23, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEVEN WAYNE DUCKETT *of* HENDRICKS *County* IN *(state), and* RETHA KAY ROBERTS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-23-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 72

File

2-25-93
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 2-22-93
Name of Physician Lisa Childers, M.D.

MALE APPLICANT

Name: First Larry Middle Lee Last Osborn
Date of Birth: Month 12 Day 27 Year 49
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 1079 N 600 E City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Albert Osborn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Lila Lee Athey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Larry L. Osborn Date 2-25-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Larry L Osborn
New Address SAME
Subscribed and sworn to before me this 25th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Faith Middle Marie Last Wood
Date of Birth: Month 2 Day 6 Year 58
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 1079 N 600 E City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Joseph G. Wood, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Sheila A. McAndrews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In
   Birthplace of mother (State or foreign country) In

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Faith M Wood Date 2-25-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Faith M Wood
New Address SAME
Subscribed and sworn to before me this 25th day of Feb, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-25-93 *, authorizing the marriage of* LARRY LEE OSBORN *and* FAITH MARIE WOOD *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MARCH 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY LEE OSBORN *of* HENDRICKS *County* IN *(state), and* FAITH MARIE WOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-93 *. 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* 3-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 73

HENDRICKS County

File

2-26-93
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 2-9-93
Name of Physician Dr. Mandel, M.D.

MALE APPLICANT

Name First Glen Middle Patrick Last Cissell

Date of Birth Month 11 Day 27 Year 58

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 5656 S Shelby St., Indianapolis, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Bernard Daniel Cissell 17 yrs.
6. (a) Full name of applicant's father Robert Cissell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Dorothy Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Glen P. Cissell Date 2-26-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Glen P. Cissell

New Address RR 2 Box 185 C33 Pittsboro IN

Subscribed and sworn to before me this 26th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Martha Middle Anne Last Davison

Date of Birth Month 11 Day 28 Year 58

Place of Birth (State or foreign country) Indianapolis In.

Residence Address RR 2 Box 185 C33 Pittsboro, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Sara Jordan Davison 9 yo
   Jordan Davison ? yo
6. (a) Full name of applicant's father William Links
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Betty Parr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Martha A. Davison Date 2-26-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Martha A. Davison

New Address SAME

Subscribed and sworn to before me this 26th day of Feb, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-26-93 *, 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 on* MARCH 20, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* GLEN PATRICK CISSELL *of* MARION *County* IN *(state), and* MARTHA ANNE DAVISON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-20-93 *. Signed by:* /s/ DR. ANDREW P. CROWLEY *,* SENIOR MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 74

File

3-1-93
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 2-15-93
Name of Physician Kenneth L Gray, M.D.

MALE APPLICANT

Name First Derek Middle Lee Last Branum

Date of Birth Month 11 Day 29 Year 68

Place of Birth (State or foreign country) Vandalia, Ill.

Residence Address Street or R.R. 1018 Parkside City Plainfield County , State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic,

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Michael Ray Branum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pocahontas, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Sheila Kay Daily
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Vandalia, Ill.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Derek L. Branum Date 3-1-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Derek L. Branum

New Address 1018 Parkside Plainfield IN

Subscribed and sworn to before me this 1st day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Jennifer Middle Lee Last Cook

Date of Birth Month 9 Day 8 Year 66

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 7778 Lincoln Trail City Plainfield County , State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Dale Eugene Cook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Alla Jane Hale
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer L. Cook Date 3-1-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer L. Cook

New Address 1018 S. Parkside Plainfield In.

Subscribed and sworn to before me this 1st day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-1-93 *, authorizing the marriage of* DEREK LEE BRANUM *and* JENNIFER LEE COOK *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* MARCH 13, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DEREK LEE BRANUM *of* HENDRICKS *County* IN *(state), and* JENNIFER LEE COOK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-1-93 *. Signed by:* /s/ REV. JOHN C. PARSLEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-16-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 75

HENDRICKS County

File

3-2-93
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 2-17-93
Name of Physician J. Notenbush, M.D.

MALE APPLICANT

Name: First Clifford Middle Wayne Last Alley Jr.
Date of Birth: Month 3 Day 25 Year 57
Place of Birth (State or foreign country) Hammond In.
Residence Address: Street or R.R. 1031 Lakewood N. Dr. City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Clifford Wayne Alley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Goreville, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Beverly L. Plopper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Goreville, Ill.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cliff W. Alley Jr. Date 3-2-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Cliff W. Alley Jr.
New Address SAME
Subscribed and sworn to before me this 2nd day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lea Last Paquin
Date of Birth: Month 11 Day 26 Year 63
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1031 Lakewood N. Dr. City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert M. Paquin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ocala, Fl.
   Birthplace of father (State or foreign country) Miss.
   (b) Full maiden name of applicant's mother Barbara E. Phipps
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ocala, Fl.
   Birthplace of mother (State or foreign country) Miss.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer Lea Paquin Date 3-2-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer Lea Paquin
New Address Same
Subscribed and sworn to before me this 2nd day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-93 *, authorizing the marriage of* CLIFFORD WAYNE ALLEY, JR. *and* JENNIFER LEA PAQUIN *. I further certify that the following marriage certificate was filed in my office: I,* JAY A. MORRISON *(name), certify that on* MARCH 6, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* _____ CLIFFORD WAYNE ALLEY, JR. *of* HENDRICKS *County* IN *(state), and* _____ JENNIFER LEA PAQUIN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-2-93 *. Signed by:* /s/ JAY A. MORRISON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 76

File

3-2-93
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 Stafford Ft Med. Center

MALE APPLICANT

Name: First Iyas Middle Last Maleh

Date of Birth: Month 9 Day 23 Year 60

Place of Birth (State or foreign country) Siera Damascus

Residence Address: 1816 Beechwood Dr. Pfd. (Street or R.R. / City / County / State)

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Nyra Maleh, Haytham Maleh, Adam Maleh

6. (a) Full name of applicant's father Haytham Maleh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Damascus
   Birthplace of father (State or foreign country) Damascus
   (b) Full maiden name of applicant's mother Badrieh Katt Katib
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Damascus
   Birthplace of mother (State or foreign country) Damascus

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Iyas Maleh Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Iyas Maleh

New Address

Subscribed and sworn to before me this 2 day of 3, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Marcela Middle M. Last Garcia

Date of Birth: Month 9 Day 15 Year 62

Place of Birth (State or foreign country) Mexico City

Residence Address: 932 E. Pinewood Dr. Pfd. (Street or R.R. / City / County / State)

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) ~~DL~~ Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ← Same

6. (a) Full name of applicant's father Roberto Garcia
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mexico City
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Louisa Molina
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mexico City
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Marcela M. Garcia Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Marcela M. Garcia

New Address

Subscribed and sworn to before me this 2 day of 3, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-93 *, authorizing the marriage of* IYAS MALEH *and* MARCELA M. GARCIA *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MARCH 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* IYAS MALEH *of* HENDRICKS *County* IN *(state), and* MARCELA M. GARCIA *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-2-93 *. 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* 3-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 77

File

3-2-93
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 3-2-93
Name of Physician Dr. Nash M.D.

MALE APPLICANT

Name: First Dennis Middle Leroy Last Middleton II

Date of Birth: Month 1 Day 19 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 952 Pinewood Ct N. Apt D City Plfd. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Dennis Leroy Middleton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Peggy Lynn Lowry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant /s/ Dennis J. Middleton II Date 3/2/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed /s/ Dennis J. Middleton II
New Address Same

Subscribed and sworn to before me this 2nd day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stephanie Middle Ann Last Benton

Date of Birth: Month 4 Day 23 Year 72

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. RR2 Box 465 C City Clayton County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Michael Ray Benton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jackie Ann Ware
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stephanie Ann Benton Date 3/2/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stephanie Ann Benton
New Address 952 Pinewood Ct N Apt. D Plainfield, IN 46168

Subscribed and sworn to before me this 2 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-93 *, authorizing the marriage of* DENNIS LEROY MIDDLETON II *and* STEPHANIE ANN BENTON *. I further certify that the following marriage certificate was filed in my office: I,* /s/ KURT B. ALEXANDER *(name), certify that on* MARCH 13, 1993 *(date), at* HAZELWOOD *in* HENDRICKS *County, Indiana,* DENNIS LEROY MIDDLETON II *of* _____ *County* HENDRICKS *(state), and* STEPHANIE ANN BENTON *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* 3-16-93 *. Signed by:* /s/ KURT B. ALEXANDER *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-16-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 78

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated 3-3-93
Name of Physician Robert P Hooker, MD

MALE APPLICANT

Name: First Jimmy Middle Livingston Last Sickles II

Date of Birth: Month 5 Day 15 Year 69

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 409 W Mill St. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jimmy Livingston Sickles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Norma Lee Mitchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jimmy L. Sickles II Date 3/3/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jimmy L Sickles II
New Address SAME AS ABOVE

Subscribed and sworn to before me this 3rd day of March, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle Louise Last Buchanan

Date of Birth: Month 7 Day 21 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 409 W Mill St. City Danville County State In.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jessica Lynn Buchanan 3 yrs.

6. (a) Full name of applicant's father Benjamin Kartz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Annie Virginia Shiflett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Md.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donna L Buchanan Date 3/3/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Donna L Buchanan
New Address Same as above

Subscribed and sworn to before me this 3rd day of March, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-93 *, authorizing the marriage of* JIMMY LIVINGSTON SICKLES II *and* DONNA LOUISE BUCHANAN *. I further certify that the following marriage certificate was filed in my office: I,* WENDELL M. MOTT *(name), certify that on* MARCH 5, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JIMMY LIVINGSTON SICKLES II *of* HENDRICKS *County* IN *(state), and* DONNA LOUISE BUCHANAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-93 *. Signed 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 79

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated 2-19-93
Name of Physician Rick Deter M.D.

MALE APPLICANT

Name First Mark Middle Daniel Last Bristow

Date of Birth Month 8 Day 5 Year 67

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. PO Box 38 City Amo County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Clarence William Bristow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Amo, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Marion Joan Collins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Amo, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark D. Bristow Date 3-3-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mark D. Bristow

New Address SAME AS above.

Subscribed and sworn to before me this 3rd day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Carla Middle Ann Last Roberts

Date of Birth Month 7 Day 17 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. PO Box 38 City Amo County State In. 46103

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Brett Cox 3 yrs.

6. (a) Full name of applicant's father Larry Claude Roberts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fillmore, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Delores Ann Vance
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle, In.
   Birthplace of mother (State or foreign country) West Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Carla Roberts Date 3-3-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Carla Roberts

New Address Same as above

Subscribed and sworn to before me this 3rd day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-3-93 *, authorizing the marriage of* MARK DANIEL BRISTOW *and* CARLA ANN ROBERTS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MARCH 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MARK DANIEL BRISTOW *of* HENDRICKS *County* IN *(state), and* CARLA ANN ROBERTS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-93 *. 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* 3-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 80

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 ☐
If No, Medical Examination or Report Dated 2-18-93
Name of Physician Mark Richards, M.D.

MALE APPLICANT

Name: First Kim Middle Elton Last Gastineau

Date of Birth: Month 8 Day 24 Year 55

Place of Birth (State or foreign country) Madison S. Dakota

Residence Address: Street or R.R. 4070 Westover Dr. City Indpls County Marion State 46268

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. 0

6. (a) Full name of applicant's father Merde Elton Gastineau
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same as above
   Birthplace of father (State or foreign country) Lake Preston SD
   (b) Full maiden name of applicant's mother Else Ruth Hufford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as Above
   Birthplace of mother (State or foreign country) Dillsboro Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kim E Gastineau 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kim Elton Gastineau

New Address _____

Subscribed and sworn to before me this 4th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Wendy Middle Sharon Last Aregood

Date of Birth: Month 5 Day 13 Year 57

Place of Birth (State or foreign country) Hartford, Ct.

Residence Address: Street or R.R. RR#1 Box 288-B City Pittsboro County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father William Samuel Aregood Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Allentown, Pa.
   Birthplace of father (State or foreign country) Pa
   (b) Full maiden name of applicant's mother Sonja Ann Marie Tucker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ct.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address Same as above.

Subscribed and sworn to before me this 4th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-93 *, authorizing the marriage of* KIM ELTON GASTINEAU *and* WENDY SHARON AREGOOD *. I further certify that the following marriage certificate was filed in my office: I,* DAVID L. JOHNSON *(name), certify that on* MARCH 6, 1993 *(date), at* CLERMONT *in* MARION *County, Indiana,* KIM ELTON GASTINEAU *of* MARION *County* IN *(state), and* WENDY SHARON AREGOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-6-93 *. Signed by:* /s/ DAVID L. JOHNSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 81

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Wm Edwards

MALE APPLICANT

Name: First Robert Middle Eugene Last Stanton

Date of Birth: Month 6 Day 18 Year 67

Place of Birth (State or foreign country) Greencastle IN

Residence Address: Street or R.R. 33 Broadway St. City PO Box 164 County Coatesville State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Tracy Luke Stanton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Veda Faye Allee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert C. Stanton 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert C. Stanton

New Address 33 Broadway St. Coatesville

Subscribed and sworn to before me this 5 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Dawn Last Carter

Date of Birth: Month 7 Day 23 Year 72

Place of Birth (State or foreign country) Danville, IN

Residence Address: Street or R.R. Rt 1 Box 266 City Clayton County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father A
   (If adopted, list adoptive parents only) Dallas H. Carter
   Residence of father (if deceased, so state) Mooresville IN
   Birthplace of father (State or foreign country) W VA
   (b) Full maiden name of applicant's mother Jane Marie Hodskire
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Angela D. Carter 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Angela D. Carter

New Address _____

Subscribed and sworn to before me this 5 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-93 *, authorizing the marriage of* ROBERT E. STANTON *and* ANGELA D. CARTER *. I further certify that the following marriage certificate was filed in my office: I,* KEITH H. KIRK *(name), certify that on* MARCH 13, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ROBERT E. STANTON *of* HENDRICKS *County* IN *(state), and* ANGELA D. CARTER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-5-93 *. Signed by:* /s/ KEITH H. KIRK *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 82

File

3-5-93
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 2-25-93.
Name of Physician Dr. Tom Greist MD.

MALE APPLICANT

Name: First Brian Middle C. Last Shaw

Date of Birth: Month 7 Day 31 Year 62

Place of Birth (State or foreign country) Ind

Residence Address: Street or R.R. 6610 Derbyshire Rd City Marion County Dn. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☒ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father Joseph Henry Shaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same As Above
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Anna Mae Yetter Shaw.
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Brian Shaw 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Brian Shaw

New Address _____

Subscribed and sworn to before me this 5 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Joanne Middle L. Last Bishop

Date of Birth: Month 5 Day 26 Year 68

Place of Birth (State or foreign country) Ind

Residence Address: Street or R.R. 10352 N. 1025 E. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father John Gerald Bishop
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Nancy Sue Blaydes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Joanne Linn Bishop 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Joanne Linn Bishop

New Address _____

Subscribed and sworn to before me this 5 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-93 *, authorizing the marriage of* BRIAN CARL SHAW *and* JOANNE LINN BISHOP *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILFRED E. DAY *(name), certify that on* APRIL 24, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* BRIAN CARL SHAW *of* MARION *County* IN *(state), and* JOANNE LINN BISHOP *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-5-93 *. 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* 4-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 83

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated 3-5-93
Name of Physician Dr. Stephen Poe

MALE APPLICANT

Name: First John Middle W. Last Cline

Date of Birth: Month 7 Day 29 Year 46

Place of Birth (State or foreign country) Indpls, In.

Residence Address: Street or R.R. RR 1 Box 92 City Jamestown County Hend. State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Justin 5, Amber 4

6. (a) Full name of applicant's father Clifford W. Cline
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jamestown
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Darcy Ronald Cline
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jamestown
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X John W Cline 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X John W Cline 3/5/93

New Address _____

Subscribed and sworn to before me this 5 day of March 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Coleta Middle M. Last Cline

Date of Birth: Month 1 Day 25 Year 69

Place of Birth (State or foreign country) Cal.

Residence Address: Street or R.R. 123 N. Jefferson City Danville County Hend State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Same as above.

6. (a) Full name of applicant's father Franklin D. Roosevelt Landrum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Ark.
   (b) Full maiden name of applicant's mother Rosalina Copley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Coleta M. Cline 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Coleta M. Cline 3-5-93

New Address _____

Subscribed and sworn to before me this 5 day of March 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-93 *, authorizing the marriage of* JOHN W. CLINE *and* COLETA 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), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN W. CLINE *of* HENDRICKS *County* IN *(state), and* COLETA M. CLINE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-5-93 *. 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* 3-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 84

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 2-23-93
Name of Physician Dr. Fricke

MALE APPLICANT

Name: First Corey Middle Allan Last Greene

Date of Birth: Month 4 Day 29 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. P.O. Box 209 City North Salem County Hendricks State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Kenneth Leslie Greene
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Thelma Crump
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Corey a. Greene Date 3-8-93

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 3893

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Corey a Greene

New Address Same

Subscribed and sworn to before me this 8th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Diane Middle Renee Last Heidler

Date of Birth: Month 1 Day 4 Year 68

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12-91

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Jonathan David Heidler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Charlene Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Diane R. Heidler Date 3-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Diane R. Heidler

New Address _____

Subscribed and sworn to before me this 8th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-8-93 *, authorizing the marriage of* 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 on* MARCH 20, 1993 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* COREY A. GREENE *of* HENDRICKS *County* IN *(state), and* DIANE R. HEIDLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-8-93 *. Signed by:* /s/ ROLAND PHILLIPS *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 85

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.P. Hoodenpyle MD

MALE APPLICANT

Name: First Terry Middle Lemoine Last Kettery

Date of Birth: Month 10 Day 28 Year 40

Place of Birth (State or foreign country) IN

Residence Address: 6308 Street or R.R. Wallard Dr. City E County Indpls. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Herschell A. Kettery
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Joyce Wall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Terry L Kettery Date 3-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Terry L Kettery

New Address _____

Subscribed and sworn to before me this 8 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathy Middle Marlene Last Lockwood

Date of Birth: Month ~~7~~ ~~2~~ Day ~~24~~ Year 56

Place of Birth (State or foreign country) IL

Residence Address: 8 Romar Dr. Street or R.R. B'burg City IN County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amanda Lockwood

6. (a) Full name of applicant's father William Guthrie
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Quincy IL
   Birthplace of father (State or foreign country) MO
   (b) Full maiden name of applicant's mother Beverly Reynolds
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Quincy IL
   Birthplace of mother (State or foreign country) MO

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X K M Lockwood Date 08 Mar. 1993

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X K M Lockwood

New Address _____

Subscribed and sworn to before me this 8 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-30-93 *, authorizing the marriage of* TERRY L. KETTERY *and* KATHY M. LOCKWOOD *. I further certify that the following marriage certificate was filed in my office: I,* TERESA K. WAINSCOTT *(name), certify that on* APRIL 10, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* TERRY L. KETTERY *of* MARION *County* IN *(state), and* KATHY M. LOCKWOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-30-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 86

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 1-93
Name of Physician Spencer J. Trudgen, M.D.

MALE APPLICANT

Name: First Donald Middle William Last Eakin

Date of Birth: Month 5 Day 26 Year 52

Place of Birth (State or foreign country) New Castle Pa.

Residence Address: Street or R.R. 1171 Sherwood Dr. City Danville County State In.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Laura Eakin 8 yrs.
6. (a) Full name of applicant's father Richard Eakin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pa (?)
   Birthplace of father (State or foreign country) Pa
   (b) Full maiden name of applicant's mother Betty Jo Shular
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donald W. Eakin Date 3-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Donald W. Eakin

New Address same as above

Subscribed and sworn to before me this 8th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rhoda Middle Lou Last Thompson

Date of Birth: Month 8 Day 2 Year 53

Place of Birth (State or foreign country) Hagerstville Ky.

Residence Address: Street or R.R. 1171 Sherwood Dr. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Stanley Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Valerie Chadions
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rhoda Lou Thompson Date 3/8/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rhoda Lou Thompson

New Address same as above

Subscribed and sworn to before me this 8th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-8-93 *, authorizing the marriage of* DONALD WILLIAM EAKIN *and* RHODA LOU THOMPSON *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MARCH 8, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DONALD WILLIAM EAKIN *of* HENDRICKS *County* IN *(state), and* RHODA LOU THOMPSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-8-93 *. 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* 3-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 87

File

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 ☐
If No, Medical Examination or Report Dated 3-3-93
Name of Physician Philip Batista, M.D.

MALE APPLICANT

Name: First William Middle Gordon Last Jones
Date of Birth: Month 6 Day 4 Year 66
Place of Birth (State or foreign country) Vermillion S. Dak.
Residence Address: Street or R.R. 6065 Knollton Rd. City Indpls. County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Gordon Edward Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Stafford Mo
   Birthplace of father (State or foreign country) Custer S. Dak
   (b) Full maiden name of applicant's mother Margerie Louise Wright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. In
   Birthplace of mother (State or foreign country) So. Dakota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William G Jones Date 3-9-93

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 —

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed William G Jones
New Address —
Subscribed and sworn to before me this 9th day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of HENDRICKS) ss:
Father — ID # —
Mother — ID # —
Subscribed and sworn to before me this — day of —, 19 —
— Clerk

FEMALE APPLICANT

Name: First Kara Middle Natalie Denise Last Wilson
Date of Birth: Month 11 Day 16 Year 71
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 7165 E 400 N City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Donald Francis Paul Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Crapaud
   (b) Full maiden name of applicant's mother Debra Gail Puckett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kara N D Wilson Date 3/9/93

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 —

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kara N D Wilson
New Address 6065 Knollton Rd. Indpls. In.
Subscribed and sworn to before me this 9th day of Mar, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of HENDRICKS) ss:
Father — ID # —
Mother — ID # —
Subscribed and sworn to before me this — day of —, 19 —
— Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-9-93 *, authorizing the marriage of* WILLIAM GORDON JONES *and* KARA NATALIE DENISE WILSON *. I further certify that the following marriage certificate was filed in my office: I,* JIM BRICKER *(name), certify that on* MARCH 11, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* WILLIAM GORDON JONES *of* MARION *County* IN *(state), and* KARA NATALIE DENISE WILSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-11-93 *. Signed by:* /s/ JIM BRICKER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 88

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated 3-1-93
Name of Physician Myron K Bell, M.D.

MALE APPLICANT

Name: First Glen Middle Jonathan Last Matejcek

Date of Birth: Month 9 Day 2 Year 59

Place of Birth (State or foreign country): Chicago Ill.

Residence Address: Street or R.R. 6552 Crystal Spring Dr. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ernest Warren Matejcek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) LaGrange Highlands Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Bernice Alora Fouser
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) LaGrange Highlands Ill.
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 3-9-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address SAME AS ABOVE

Subscribed and sworn to before me this 9th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle Sharon Last Griebler

Date of Birth: Month 2 Day 4 Year 62

Place of Birth (State or foreign country): Orlando Fla.

Residence Address: Street or R.R. 6552 Crystal Spring Dr. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Barry I. Griebler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Baltimore MD.
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Sue Carol Zaner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Baltimore Md.
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 3/9/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address same as above

Subscribed and sworn to before me this 9 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-9-93 *, authorizing the marriage of* GLEN JONATHAN MATEJCEK *and* ROBIN SHARON GRIEBLER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MARCH 9, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GLEN JONATHAN MATEJCEK *of* HENDRICKS *County* IN *(state), and* ROBIN SHARON GRIEBLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-9-93 *. Signed by:* /c/ CYNTHIA J. SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 89

File

3-10-93
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 ☐ 3-2-93
If No, Medical Examination or Report Dated
Name of Physician John Fleming, M.D.

MALE APPLICANT

Name: First Michael Middle Alan Last Akers

Date of Birth: Month 3 Day 22 Year 67

Place of Birth (State or foreign country) Ann Arbor Mi

Residence Address: Street or R.R. 214 N. High St. City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Harold Vernon Akers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Elizabeth Ann Kreis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Boxville In.
   Birthplace of mother (State or foreign country) Colorado

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael A. Akers Date 3-10-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael A. Akers

New Address Same as Above

Subscribed and sworn to before me this 10th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Denise Middle Annette Last Bailey

Date of Birth: Month 1 Day 31 Year 63

Place of Birth (State or foreign country) Montecello In.

Residence Address: Street or R.R. 214 N High St. City Danville, County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Lewis Dale Topp
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Legonier, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Anna Louise Vogt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Francisville, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Denise A Bailey Date 3-10-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Denise A Bailey

New Address SAA

Subscribed and sworn to before me this 10 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* MICHAEL ALAN AKERS *and* DENISE ANNETTE BAILEY *. I further certify that the following marriage certificate was filed in my office: I,* CARL AKARD RILEY *(name), certify that on* APRIL 3, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MICHAEL ALAN AKERS *of* HENDRICKS *County* IN *(state), and* DENISE ANNETTE BAILEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-3-93 *. Signed by:* /s/ CARL AKARD RILEY, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 90

HENDRICKS County

File

3.10.93
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 R. S. Sangalang

MALE APPLICANT

Name: First Kevin Middle Patrick Last Cassidy

Date of Birth: Month 10 Day 9 Year 62

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 511 S. Carr Rd City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kyle B.

6. (a) Full name of applicant's father Patrick Cleo Cassidy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Blena Park CA
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Donna Rae Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stilesville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kevin P. Cassidy Date 3/10/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kevin P. Cassidy

New Address _____

Subscribed and sworn to before me this 10 day of March 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stephanie Middle Lynn Last Jones

Date of Birth: Month 7 Day 7 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 511 S. Carr Rd City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Stephen Edward Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bedford IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda Louise O'Dell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bedford IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stephanie L Jones Date 3/10/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Stephanie L Jones

New Address _____

Subscribed and sworn to before me this 10 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 *in* JOHNSON *County, Indiana,* KEVIN P. CASSIDY *of* HENDRICKS *County* IN *(state), and* STEPHANIE L. JONES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-93 *. Signed by:* /s/ A. GLEN O'DELL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-31-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 91

File

3-12-93
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 3-4-93
Name of Physician Richard Hensell, M.D

MALE APPLICANT

Name First Theodore Middle Matthew Last Pickering
Date of Birth Month 3 Day 20 Year 59
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 967 Pinewood Dr Apt D City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Merle Pickering
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Patricia Jan Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name First Eleanor Middle Faye Last Robinson
Date of Birth Month 6 Day 5 Year 62
Place of Birth (State or foreign country) Warsaw, Ky.
Residence Address Street or R.R. 967 Pinewood Dr Apt D City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Larry G McEntire
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ~~Deceased~~ Indpls., In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Barbara Jean Baumgarner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Theodore M. Pickering Date 3-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Theodore M. Pickering
New Address SAME AS ABOVE
Subscribed and sworn to before me this 12th day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Eleanor Faye Robinson Date 3-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Eleanor F Robinson
New Address SAME as Above
Subscribed and sworn to before me this 12th day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-12-93 *, authorizing the marriage of* THEODORE MATTHEW PICKERING *and* ELEANOR FAYE ROBINSON *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* MARCH 20, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* THEODORE MATTHEW PICKERING *of* HENDRICKS *County* IN *(state), and* ELEANOR FAYE ROBINSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-12-93 *. Signed by:* /s/ REV. JOHN C. PARSLEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 92

HENDRICKS 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 circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-5-93
Name of Physician Stephen C Yeager D.O.

MALE APPLICANT

Name: First John Middle Duane Last Smith

Date of Birth: Month 11 Day 20 Year 64

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. R3 Box 374 Lot 9 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Curtis Lee Smith 4 yrs.
   Derek Duane Smith 3 yrs.
6. (a) Full name of applicant's father James Edward Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Belleville, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Juanita Louise Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Belleville, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John D. Smith Date 3-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John D. Smith
New Address 1429 Sabrina Circle Pltd, IN

Subscribed and sworn to before me this 12 day of 3, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Thelma Middle Leona Last Stinefield

Date of Birth: Month 4 Day 23 Year 64

Place of Birth (State or foreign country) Kingsville, Texas

Residence Address: Street or R.R. 1429 Sabrina Circle City Plfd. County In. 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 ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Maranda Stinfield 3 yrs.
6. (a) Full name of applicant's father Terry Allen Shumaker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Ozie E. Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bishop, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Thelma L Stinefield Date 3-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Thelma L Stinefield
New Address same as above

Subscribed and sworn to before me this 12th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-12-93 *, authorizing the marriage of* JOHN DUANE SMITH *and* THELMA LEONA STINEFIELD *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MARCH 19, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN DUANE SMITH *of* HENDRICKS *County* IN *(state), and* THELMA LEONA STINEFIELD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-19-93 *. 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* 3-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 93

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 circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Elaine Haley

MALE APPLICANT

Name: First Vic Middle Duane Last Hutchings

Date of Birth: Month 6 Day 26 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. #2 Weil Dr. City B'burg County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Eugene Hutchings
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Mary Margaret Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Vic D Hutchings Date 3-12-93

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Vic D Hutchings

New Address

Subscribed and sworn to before me this 12 day of March, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Marie Last ~~Barnes~~ Lasley

Date of Birth: Month 5 Day 13 Year 57

Place of Birth (State or foreign country) CA

Residence Address: Street or R.R. 2 Weil Dr. City B'burg County IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-2892

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. James Anthony Barnes

6. (a) Full name of applicant's father Albert Eugene Lasley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Martha Mae Hunter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Janet Marie Lasley Date 3-12-93

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Janet Marie Lasley

New Address

Subscribed and sworn to before me this 12 day of March, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-12-93 *, authorizing the marriage of* VIC D. HUTCHINGS *and* JANET M. LASLEY *. I further certify that the following marriage certificate was filed in my office: I,* JOHN M. NOLAN *(name), certify that on* MARCH 20, 1993 *(date), at* JAMESTOWN *in* BOONE *County, Indiana,* VIC D. HUTCHINGS *of* HENDRICKS *County* IN *(state), and* JANET MARIE LASLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-12-93 *. Signed by:* /s/ JOHN M. NOLAN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 94

File

3-15-93
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

Name: First Fred Charles Middle Fredrick Last Osborn (Fred)

Date of Birth: Month 3 Day 28 Year 46

Place of Birth (State or foreign country) IN

Residence Address: Box 69 Street or R.R. RR 1 City Jamestown County IN State Boone Co.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-80'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayelynn Brook Osborn
6. (a) Full name of applicant's father Martin Jonnion Osborn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Lula Laughner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crawfordsville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Charles F. Osborn 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Charles F. Osborn
New Address Same as above

Subscribed and sworn to before me this 15 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Hazel Middle Hilda Last Schell

Date of Birth: Month 6 Day 16 Year 32

Place of Birth (State or foreign country) KY

Residence Address: RR 1 Box 128 Street or R.R. City Jamestown County Hend. Co. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Fonce Wethington
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Campbellsville Ky
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Nannie Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Hazel H. Schell 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Hazel H. Schell
New Address _____

Subscribed and sworn to before me this 15 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-93 *, authorizing the marriage of* CHARLES FREDRICK OSBORN *and* HAZEL HILDA SCHELL *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT C. ELLENBERGER *(name), certify that on* MARCH 21, 1993 *(date), at* NEW BRUNSWICK *in* BOONE *County, Indiana,* CHARLES FREDRICK OSBORN *of* BOONE *County* IN *(state), and* HAZEL HILDA SCHELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-15-93 *. Signed by:* /s/ ROBERT C. ELLENBERGER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-23-93 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 95

File

3-15-93 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 3-11-93
Name of Physician P. Batista, M.D.

MALE APPLICANT

Name First Daniel Middle William Last Leak

Date of Birth Month 7 Day 8 Year 72

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. 530 apt #1 City Enderly Ave. County Brownsburg State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Mack Leak
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Anita Clare Stroup
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address Same

Subscribed and sworn to before me this 15th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Charlotte Middle Jean Last Haulk

Date of Birth Month 11 Day 2 Year 68

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. 530 apt #1 City Enderly Ave. County Brownsburg State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children
   Broderick David Barton 2yrs.

6. (a) Full name of applicant's father George Thomas Haulk
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Marjorie Majine Kench
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Charlotte J. Haulk 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Charlotte J. Haulk

New Address Same

Subscribed and sworn to before me this 15th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-93 *, authorizing the marriage of* DANIEL WILLIAM LEAK *and* CHARLOTTE JEAN HAULK *. I further certify that the following marriage certificate was filed in my office: I,* REV. M. E. LANE *(name), certify that on* MARCH 20, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DANIEL WILLIAM LEAK *of* HENDRICKS *County* IN *(state), and* CHARLOTTE JEAN HAULK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-20-93 *. Signed by:* /s/ REV. M. E. LANE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 96

File

3-15-93
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 7-24-92
Name of Physician Blankenbaker, M.D.

MALE APPLICANT

Name: First Gerald Middle Jeffery Last Kenworthy

Date of Birth: Month 6 Day 27 Year 56

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR #2 Box 211 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Alvin Mac Kenworthy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Lois Kathleen Rushton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gerald J Kenworthy 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gerald J Kenworthy
New Address SAME

Subscribed and sworn to before me this 15th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Dorene Middle Dee Last Sands

Date of Birth: Month 4 Day 2 Year 57

Place of Birth (State or foreign country) New Castle, In.

Residence Address: Street or R.R. 524 Braken Bend Trail City Indpls. State In. 46214

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charlie Leonard Sands
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cambridge City, In.
   Birthplace of father (State or foreign country) Penn.
   (b) Full maiden name of applicant's mother Ethel Mae Booker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cambridge City, In.
   Birthplace of mother (State or foreign country) Penn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dorene Sands 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dorene Sands
New Address RR 2 Box 211 Clayton 46118

Subscribed and sworn to before me this 15th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-93 *, authorizing the marriage of* GERALD JEFFERY KENWORTHY *and* DORENE DEE SANDS *. I further certify that the following marriage certificate was filed in my office: I,* PERRY ANDERSON *(name), certify that on* MARCH 20, 1993 *(date), at* MONROVIA *in* MORGAN *County, Indiana,* GERALD JEFFERY KENWORTHY *of* HENDRICKS *County* IN *(state), and* DOREEN DEE SANDS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-20-93 *. Signed by:* /s/ PERRY ANDERSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 97

HENDRICKS County

File

3-15-93
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 3-15-93
Name of Physician T. Cokenour, M.D.
(Dr. Summers)

MALE APPLICANT

Name: First Keith Middle Alan Last Guyer

Date of Birth: Month 6 Day 6 Year 70

Place of Birth (State or foreign country) Marion, In.

Residence Address: Street or R.R. 370 E 200 S City Danville, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Jaun Carwin Guyer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind Danville, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Beverly Joy Hollingsworth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Keith Guyer 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Keith Guyer.

New Address 4240 Holly Hill Dr. INDPLS, IN.

Subscribed and sworn to before me this 15th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Christina Middle Lynn Last Dyer

Date of Birth: Month 3 Day 8 Year 73

Place of Birth (State or foreign country) Terre Haute In.

Residence Address: Street or R.R. 4240 Holly Hill Dr. City Indpls., County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Rex Rep Eugene Dyer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Lisa Kay Isaacs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Rep.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Dyer 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Christina L Dyer

New Address Same as above!

Subscribed and sworn to before me this 15th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-93 *, authorizing the marriage of* KEITH ALAN GUYER *and* CHRISTINA LYNN DYER *. I further certify that the following marriage certificate was filed in my office: I,* HOWARD L. WHITTLESEY *(name), certify that on* APRIL 2, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KEITH ALAN GUYER *of* HENDRICKS *County* IN *(state), and* CHRISTINA LYNN DYER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-1-93 *. Signed by:* /s/ HOWARD L. WHITTLESEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 98

HENDRICKS County

File

3-16-93
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 3-9-93
Name of Physician Dr. Black

MALE APPLICANT

Name: First Timothy Middle Scott Last Wiltermood

Date of Birth: Month 11 Day 8 Year 73

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 250 N. East St. apt 102 City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bruce A. Wiltermood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marilyn L. Leonard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tim S. Wiltermood Date 3-16-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Tim S. Wiltermood

New Address _____

Subscribed and sworn to before me this 16 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Misty Middle Lynn Last Miller

Date of Birth: Month 3 Day 2 Year 76

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. R#1 Box 49A City Fillmore County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father George Van Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vickie Marie Onstott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fillmore In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Misty L. Miller Date 3-16-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Misty L. Miller

New Address Same

Subscribed and sworn to before me this 16 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Vickie M Stinson Father Deceased

State of Indiana)
County of HENDRICKS) ss:

Father Deceased ID # _____

Mother Vickie M Stinson ID # _____

Subscribed and sworn to before me this 16th day of March, 19 93

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-16-93 *, authorizing the marriage of* TIMOTHY SCOTT WILTERMOOD *and* MISTY LYNN MILLER *. I further certify that the following marriage certificate was filed in my office: I,* REV. JAMES D. CHERRY *(name), certify that on* MARCH 27, 1993 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* TIMOTHY SCOTT WILTERMOOD *of* HENDRICKS *County* IN *(state), and* MISTY LYNN MILLER *of* PUTNAM *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-93 *. Signed by:* /s/ REV. JAMES D. CHERRY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 99

File

3-17-93
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 3-15-93
Name of Physician David Hadley, M.D.

MALE APPLICANT

Name: First Danny Middle Ray Last Riley

Date of Birth: Month 11 Day 26 Year 73

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 501 N. Linden Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the female applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
5.	List the full names of any dependent children.		

6. (a) Full name of applicant's father Robert Harold Riley Jr.
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Plainfield, In.
Birthplace of father (State or foreign country) In.
(b) Full maiden name of applicant's mother Laura B. Moffat
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Plainfield, In.
Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name: First Angela Middle Christine Last Borer

Date of Birth: Month 12 Day 24 Year 73

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. 1772 Joppa Rd. City Mooresville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the male applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
5.	List the full names of any dependent children.		

6. (a) Full name of applicant's father Stephen Roger Borer
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Mooresville, In.
Birthplace of father (State or foreign country) In.
(b) Full maiden name of applicant's mother Roberta Jean Sheets
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Mooresville, In.
Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Danny R. Riley Date 3-17-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Danny R. Riley
New Address P.O. Box 10173 FT. Irwin Ca. 92310

Subscribed and sworn to before me this 17th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Angela Borer Date 3-17-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Angela Borer
New Address P.O. BOX 10173, FT. IRWIN, CA 92310

Subscribed and sworn to before me this 17th day of Mar, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-17-93, *authorizing the marriage of* DANNY RAY RILEY *and* ANGELA CHRISTINE BORER. *I further certify that the following marriage certificate was filed in my office: I,* EVERETT BARNARD *(name), certify that on* MARCH 20, 1993 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* DANNY RAY RILEY *of* HENDRICKS *County* IN *(state), and* ANGELA CHRISTINE BORER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-18-93. *Signed by:* /s/ EVERETT BARNARD, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 100

File

3-17-93
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 3-2-93
Name of Physician L. Trammel M.D.

MALE APPLICANT

Name: First Thomas Middle Richard Last Harris
Date of Birth: Month 2 Day 6 Year 48
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 3603 S. Clarks Creek Rd Lot 97 City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Curtis Harris 17 yrs.
6. (a) Full name of applicant's father Virgil T. Harris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Mary Alderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 3/17/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address 3603 Clarks Creek Rd
Subscribed and sworn to before me this 17th day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Shandra Middle Renee Last Gunn
Date of Birth: Month 3 Day 23 Year 69
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 3603 S. Clarks Creek Rd Lot 97 City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
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? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Krystal Gunn 7 yrs.
   B Ce'Ann Gunn 6 yrs.
6. (a) Full name of applicant's father Gerald John Coudrey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenfield, In.
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of applicant's mother Carol Ann Belt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) West Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Shandra R. Gunn Date 3/17/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Shandra R Gunn
New Address Same as above
Subscribed and sworn to before me this 17th day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-17-93 *, authorizing the marriage of* THOMAS RICHARD HARRIS *and* SHANDRA RENEE GUNN *. I further certify that the following marriage certificate was filed in my office: I,* REV. C. J. GIBSON *(name), certify that on* APRIL 3, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* THOMAS RICHARD HARRIS *of* HENDRICKS *County* IN *(state), and* SHANDRA RENEE GUNN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-3-93 *. Signed by:* /s/ REV. C. J. GIBSON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 101

HENDRICKS County

File

3-18-93
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 3-20-93
Name of Physician Dr. Michelle Boyer

MALE APPLICANT

Name: First Michael Middle Allen Last Smith

Date of Birth: Month 9 Day 21 Year 69

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 2149 N 600 E City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard K. Williams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lisbon, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Sandra M. Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lisbon In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael A. Smith Date 3-18-93

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael A. Smith

New Address same as above

Subscribed and sworn to before me this 18th day of March, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michele Middle Lynn Last Smith

Date of Birth: Month 11 Day 3 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2149 N. 600 E, City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Patrick Allen Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Kaye Fellis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michele L. Smith Date 3/25/93

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michele L. Smith

New Address same

Subscribed and sworn to before me this 18th day of March, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-25-93 *, authorizing the marriage of* MICHAEL ALLEN SMITH *and* MICHELE LYNN SMITH *. I further certify that the following marriage certificate was filed in my office: I,* REV. TED D. STEPHENSON *(name), certify that on* APRIL 17, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MICHAEL ALLEN SMITH *of* HENDRICKS *County* IN *(state), and* MICHELE LYNN SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-25-93 *. Signed by:* /s/ TED D. STEPHENSON, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 102

File

3-19-93
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 3-4-93
Name of Physician ? Medical Laboratory - Indpls., In.

MALE APPLICANT

Name: First Robert Middle Kim Last Green
Date of Birth: Month 4 Day 3 Year 54
Place of Birth (State or foreign country) Wells Somerset England
Residence Address: Street or R.R. 4415 Northcrest #121 City Midland State Tx.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
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? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ferrell Edmund Green
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) England
   (b) Full maiden name of applicant's mother Olga Mary Waters
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Weston, Australia
   Birthplace of mother (State or foreign country) England

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 3/19/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address 137 GLENBROOK LANES
Subscribed and sworn to before me this 19 day of March, 19 93.
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Carol Middle Elaine Last Licklider
Date of Birth: Month 5 Day 10 Year 55
Place of Birth (State or foreign country) Dayton Ohio
Residence Address: Street or R.R. 137 Glenbrook Ln. City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   April Licklider 15yrs.
   Adam Licklider 12yrs.
6. (a) Full name of applicant's father Walter Wilson Derr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Patricia Ann Bickel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carol Licklider Date 3/19/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Carol Licklider
New Address SAME AS ABOVE
Subscribed and sworn to before me this 29th day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-29-93 *, authorizing the marriage of* ROBERT KIM GREEN *and* CAROL ELAINE LICKLITER *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD C. EVERTS *(name), certify that on* MAY 1, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ROBERT KIM GREEN *of* MIDLAND *County* TX *(state), and* CAROL ELAINE LICKLITER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-29-93 *. Signed by:* /s/ RICHARD C.EVERTS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 103

HENDRICKS County

File

3-22-93
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. Villalta

MALE APPLICANT

Name: First Allen Middle Lee Last Wallace

Date of Birth: Month 1 Day 9 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4345 E. Main City Danville County Hend. State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Herbert Ray Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Violet Louise Botteng
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 31 E. Hayden, Indpls In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Allen L. Wallace Date 3-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Allen L. Wallace
New Address
Subscribed and sworn to before me this 22nd day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Patricia Middle Jayne Last Wynne

Date of Birth: Month 9 Day 1. Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4345 E. Main City Danville County Hend. State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lawrence Wynne
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 298 Eagle Pkwy Bldwg
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Barbara Kaye Dodson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 7496 Jennifer Lane Indpls
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Patricia Jayne Wynne Date 3-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Patricia Jayne Wynne
New Address
Subscribed and sworn to before me this 22nd day of March 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-22-93 *, authorizing the marriage of* ALLEN LEE WALLACE *and* PATRICIA JAYNE WYNNE *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MARCH 24, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ALLEN LEE WALLACE *of* HENDRICKS *County* IN *(state), and* PATRICIA JAYNE WYNNE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-24-93 *. 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* 3-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 104

HENDRICKS County

File

3-22-93
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 E. Clark, M.D.

MALE APPLICANT

Name: First James Middle Anthony Last Whitlow

Date of Birth: Month 2 Day 11 Year 1971

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 410 N. East St. Apt. A City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Terry L. Whitlow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela D. Wood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X James Anthony Whitlow Date 3-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X James Anthony Whitlow
New Address Same as Above

Subscribed and sworn to before me this 22 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tamara Middle Lynn Last Lawson

Date of Birth: Month 12 Day 5 Year 1973

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 410 N. East St., Apt. A City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald R. Lawson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda C. Clay
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tamara L Lawson Date 3-22-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tamara L Lawson
New Address Same as Above

Subscribed and sworn to before me this 22 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-24-93 *, authorizing the marriage of* JAMES ANTHONY WHITLOW *and* TAMARA LYNN LAWSON *. I further certify that the following marriage certificate was filed in my office: I,* STEVAN W. RANSON *(name), certify that on* MARCH 27, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* JAMES ANTHONY WHITLOW *of* HENDRICKS *County* IN *(state), and* TAMARA LYNN LAWSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-27-93 *. Signed by:* /s/ STEVAN W. RANSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-31-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 105

HENDRICKS County

File

3-24-93
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. Batista

MALE APPLICANT

Name: First Neal Middle — Last Vo

Date of Birth: Month 11 Day 21 Year 53

Place of Birth (State or foreign country) Viet Nam

Residence Address: Street or R.R. 230 S. Green St. City Brownsburg County — State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-10-87

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nghia Vo
6. (a) Full name of applicant's father ~~Nat~~ Ung Vo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Viet Nam
   Birthplace of father (State or foreign country) Viet Nam
   (b) Full maiden name of applicant's mother Mai Nguyen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Viet Nam
   Birthplace of mother (State or foreign country) Viet Nam

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Nghia Vo Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Nghia Vo

New Address

Subscribed and sworn to before me this 24 day of March, 19 93

Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Tammy Middle H Last Peppel

Date of Birth: Month 3 Day 4 Year 49

Place of Birth (State or foreign country) Viet Nam

Residence Address: Street or R.R. 230 S. Green St. City Brownsburg County — State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-31-88

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Shaun Peppel
   Justin Peppel
6. (a) Full name of applicant's father Di Phan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Viet Nam
   Birthplace of father (State or foreign country) Viet Nam
   (b) Full maiden name of applicant's mother Ngo Tran
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Viet Nam
   Birthplace of mother (State or foreign country) Viet Nam

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tammy H Peppel Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tammy H Peppel

New Address

Subscribed and sworn to before me this 24 day of March, 19 93

Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-24-93 *, authorizing the marriage of* NEAL N VO *and* TAMMY H PEPPEL *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J SPENCE *(name), certify that on* 3-24-93 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* NEAL N VO *of* HENDRICKS *County* IN *(state), and* TAMMY H PEPPEL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* _____. *Signed by:* /s/ CYNTHIA J SPENCE *,* 1st DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-24-93 *(date).*

Signed Lonnie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 106

HENDRICKS County

File

3-24-93
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. Wm Edwards

MALE APPLICANT

Name: First John Middle Edward Last Snider

Date of Birth: Month 11 Day 13 Year 67

Place of Birth (State or foreign country) Maine

Residence Address: Street or R.R. 652 E. Main Apt 9 City Plfd County Hnd State Ind

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Edward Snider
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Janet Susanne Runyan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville Ind
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X John E. Snider Date 3-24-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X John E. Snider
New Address 652 E. Main Apt. 9 Plfd, In 46168

Subscribed and sworn to before me this 24 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kelli Middle Diane Last Unger

Date of Birth: Month 8 Day 1 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. R 1 Box 410 City Coatesville County Hnd State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Marvin Ray Unger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Virginia Rae Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kelli D. Unger Date 3-24-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kelli D. Unger
New Address 652 E. MAIN Apt. 9 Plfd, In 46168

Subscribed and sworn to before me this 24 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-24-93 *, authorizing the marriage of* JOHN E. SNIDER *and* KELLI D. UNGER *. I further certify that the following marriage certificate was filed in my office: I,* DAVID LANG *(name), certify that on* APRIL 17, 1993 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* JOHN E. SNIDER *of* HENDRICKS *County* IN *(state), and* KELLI D. UNGER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-17-93 *. Signed by:* /s/ DAVID LANG *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-20-93 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 107

File

3-25-93 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

Name: First Donald Middle Lee Last Thompson, Sr.
Date of Birth: Month May Day 27 Year 1932
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7290 E 900 N. City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gilbert Leo Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Frieda Crawshaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Donald Lee Thompson Sr Date 3/25/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Donald Lee Thompson Sr
New Address 7290 East 900 North Brownsburg
Subscribed and sworn to before me this 25 day of Mar, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARI

We, the parents … e parent signs, state facts which ma…

State of Indiana
County of HE…
Father
Mother
Subscribed and sw… 19
Clerk

FEMALE APPLICANT

Name: First Patricia Middle Sue Last Blair
Date of Birth: Month Feb Day 6 Year 1939
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 7290 E 900 N City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Reno Poynter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Wash.
   (b) Full maiden name of applicant's mother Calista Kline
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Patricia Sue Blair Date 3/25/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Patricia Sue Blair
New Address 7290 E 900 N, Brownsburg, IN
Subscribed and sworn to before me this 25 day of Mar, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

Please do not publish. Why? Thanks

COMPLETE IF MARRIAGE LICENSE ISSUED BY … OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-25-93 *, authorizing the marriage of* DONALD LEE THOMPSON *and* PATRICIA SUE BLAIR *. I further certify that the following marriage certificate was filed in my office: I,* DR. PHILIP R. GRANGER *(name), certify that on* APRIL 17, 1993 *(date), at* HUNTINGTON *in* HUNTINGTON *County, Indiana,* DONALD LEE THOMPSON *of* HENDRICKS *County* IN *(state), and* PATRICIA SUE BLAIR *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* APRIL 17, 1993 *Signed by:* /s/ PHILIP R. GRANGER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 108

HENDRICKS County

File

3-25-93
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. Beard

MALE APPLICANT

Name: First *Thompson,* Middle *BRUCE LEE* Last

Date of Birth: Month 4 Day 6 Year 1961

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 727 Moon Rd., City Plainfield, County Hendricks, State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) DOL RECORDS

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. BRANDIE LEE Thompson, BRIDGETTE LEE Thompson, BROOKE LEE Thompson
6. (a) Full name of applicant's father ROBERT LEE Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) BETHANY, ILL
   Birthplace of father (State or foreign country) ILL.
   (b) Full maiden name of applicant's mother NORMAN PEARL BRYANT
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) BETHANY, ILL.
   Birthplace of mother (State or foreign country) ILL.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Bruce L Thompson Date 3-25-93

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Bruce L. Thompson

New Address _____

Subscribed and sworn to before me this 25th day of MARCH, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Sue Last Knights

Date of Birth: Month 2 Day 22 Year 61

Place of Birth (State or foreign country) Indiana.

Residence Address: Street or R.R. 6010 E 91 N City Danville, County Hend. State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 79

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michael Knights Jessica Prine
6. (a) Full name of applicant's father Carl Wayne Russell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother DeAnna Louise Branch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cynthia Knights Date 3-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Connie Lawson Date 3-25-93

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cynthia Knights

New Address 6010 E 91 N. Dabville, In. 46122

Subscribed and sworn to before me this 25th day of March, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-25-93 *, authorizing the marriage of* BRUCE L. THOMPSON *and* CYNTHIA SUE KNIGHTS *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* MARCH 30, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* BRUCE L. THOMPSON *of* HENDRICKS *County* IN *(state), and* CYNTHIA SUE KNIGHTS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-25-93 *. Signed by:* /s/ REV. JOHN C. PARSLEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 109 #0

HENDRICKS County

File

3-26-93
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. Hensley

MALE APPLICANT

Name: First Mark Middle David Last Wilson

Date of Birth: Month 1 Day 5 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1455 Sugargrove Rd City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5.91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father James Leon Hensley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alexandria IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Margaret Lenora Newlin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stilesville. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mark D Wilson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Mark D. Wilson
New Address

Subscribed and sworn to before me this 26 day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Dawn Middle Elizabeth Last Ridenour

Date of Birth: Month 10 Day 30 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 11080 W. Washington St #10 City Indpls. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6.87

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tiffany A. Ridenour

6. (a) Full name of applicant's father Danny Joe Ridenour Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenwood IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Darlene Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Dawn E. Ridenour 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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Dawn E. Ridenour
New Address Same as above.

Subscribed and sworn to before me this 26 day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-26-93 *, authorizing the marriage of* MARK DAVID WILSON *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), at* STILESVILLE *in* HENDRICKS *County, Indiana,* MARK DAVID WILSON *of* HENDRICKS *County* IN *(state), and* DAWN ELIZABETH 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* 3-26-93 *. Signed by:* /s/ REV. THOMAS E. SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 110

File

March 26, 1993
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-19-93
Name of Physician L. Martin, M.D.

MALE APPLICANT

Name: First Jerry Middle Delano Last Cunningham

Date of Birth: Month Dec. Day 24 Year 1965

Place of Birth (State or foreign country): Marion Co. Indiana

Residence Address: 402 S. Jefferson Street or R.R. Danville City Danville County State Ind.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify)

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Cunningham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Mildred Jent
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jerry D Cunningham 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jerry D Cunningham
New Address 402 S. Jefferson St Danville IN 46122

Subscribed and sworn to before me this 26th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shawn Middle Arnette Last Cox

Date of Birth: Month Feb. Day 2 Year 1970

Place of Birth (State or foreign country): Hendricks Co. Ind.

Residence Address: 402 S. Jefferson Street or R.R. Danville City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify)

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Trevor Cox

6. (a) Full name of applicant's father Laurence Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Jarrett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Shawn Annette Cox 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Shawn Annette Cox
New Address 402 S. Jefferson Danville, IN

Subscribed and sworn to before me this 26th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-23-93 *, authorizing the marriage of* JERRY DELANO CUNNINGHAM *and* SHAWN ANNETTE COX *. I further certify that the following marriage certificate was filed in my office: I,* REV. HOWARD D. ALLEN *(name), certify that on* APRIL 24, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY DELANO CUNNINGHAM *of* HENDRICKS *County* IN *(state), and* SHAWN ANNETTE COX *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-93 *. Signed by:* /s/ REV. HOWARD D. ALLEN *,* ELDER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 111 ~~112~~

File

3.26.93
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 ~~Judith A.~~ Robinson

MALE APPLICANT

Name: First Erik Middle Wade Last Johnson

Date of Birth: Month 6 Day 4 Year 69

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R.R. 3017 Yoder Rd City Yoder County ~~State~~ IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father ~~Mr.~~ Milton D. Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Harcourt Iowa
   Birthplace of father (State or foreign country) Min.
   (b) Full maiden name of applicant's mother Cecil M. ~~Stenger~~ Flugum
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Min.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Erik 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Erik W Johnson
New Address _____
Subscribed and sworn to before me this 26 day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tracy Middle Michelle Last Barker

Date of Birth: Month 12 Day 28 Year 71

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 546 N. Odell City B'burg County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Tom E Barker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Geraldine L. Hatton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tracy M. Barker 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tracy M. Barker
New Address 3017 Yoder Rd. P.O.Box 132 Yoder, IN 46798
Subscribed and sworn to before me this 26 day of March 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-26-93, *authorizing the marriage of* ERIK WADE JOHNSON *and* TRACY MICHELLE BARKER. *I further certify that the following marriage certificate was filed in my office: I,* REV. WILLIAM H. STEINKE *(name), certify that on* MAY 1, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ERIK WADE JOHNSON *of* ALLEN *County* IN *(state), and* TRACY MICHELLE BARKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-1-93. *Signed by:* /s/ REV. WILLIAM H. STEINKE, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 112 #13

File

3-26-93 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 3-25-93
Name of Physician

MALE APPLICANT

Name: First Ryan Middle K. Last Thompson

Date of Birth: Month Mar Day 9 Year 1972

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 47 Sherry Ln City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Leroy Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Peggy Preston
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ryan K Thompson 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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Ryan K Thompson

New Address 47 Sherry Ln Brownsburg In.

Subscribed and sworn to before me this 26 day of Mar, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Christine Last Kidder

Date of Birth: Month Nov Day 16 Year 1972

Place of Birth (State or foreign country) Delaware

Residence Address: Street or R.R. 1325 S. Odell City B'burg County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ralph A. Kidder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Janice A. Griffis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer C. Kidder 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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jennifer C. Kidder

New Address 47 Sherry Lane Brownsburg

Subscribed and sworn to before me this 26 day of Mar, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-26-93 *, authorizing the marriage of* RYAN K. THOMPSON *and* JENNIFER C. KIDDER *. I further certify that the following marriage certificate was filed in my office: I,* MARK S. MERRILL *(name), certify that on* MAY 15, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RYAN K. THOMPSON *of* HENDRICKS *County* IN *(state), and* JENNIFER C. KIDDER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-26-93 *. Signed by:* /s/ MARK S. MERRILL *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 113 ~~114~~

HENDRICKS County

File

3-29-93
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 3-30-93
Name of Physician S. Yeager, D.O.

MALE APPLICANT

Name: First James Middle Edward Last McLaughlin

Date of Birth: Month 6 Day 24 Year 67

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 1458 W Township Line Rd City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Michael Joseph McLaughlin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bela Grace Fisk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James McLaughlin Date 3-29-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James E. McLaughlin
New Address Same

Subscribed and sworn to before me this 29th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Xan Middle Last Lott

Date of Birth: Month 7 Day 22 Year 66

Place of Birth (State or foreign country) Kodiak Island, Alaska

Residence Address: Street or R.R. 1458 W. Township Line Rd. City Plfd. County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Roland Lee Warren
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Baxter, Texas
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Marie Lund
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Baxter, Texas
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Xan Lott Date 3-29-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Xan Lott
New Address Same

Subscribed and sworn to before me this 29th day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-1-93 *, authorizing the marriage of* JAMES EDWARD McLAUGHLIN *and* XAN LOTT *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* APRIL 1, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES EDWARD McLAUGHLIN *of* HENDRICKS *County* IN *(state), and* XAN LOTT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-1-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114 ~~115~~

File

3-30-93
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 J. Black, M.D.

MALE APPLICANT

Name: First John Middle Russel Last Storms

Date of Birth: Month 11 Day 24 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. R.R. 1, Box 188 City Pittsboro County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jesse C. Storms
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Anita J. Reptik
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ John Russel Storms Date 3-30-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ John Russel Storms
New Address 57 Lesile, Brownsburg, In.

Subscribed and sworn to before me this 30 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jonna Middle Jo Last Edwards

Date of Birth: Month 5 Day 29 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 57 Lesile Ave. City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Thomas E. Edwards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda J. Lyons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ Jonna Jo Edwards Date 3-30-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ Jonna Jo Edwards
New Address (Same as above)

Subscribed and sworn to before me this 30 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-30-93 *, 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 on* APRIL 17, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JOHN RUSSEL STORMS *of* HENDRICKS *County* IN *(state), and* JONNA JO EDWARDS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-17-93 *. Signed by:* /s/ REV. DONALD TYLOR, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 115 #6

HENDRICKS County

File

3-30-93
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 Michelle Boyer

MALE APPLICANT

Name: First Alan Middle Frank Last Jones II

Date of Birth: Month 4 Day 19 Year 69

Place of Birth (State or foreign country) IN

Residence Address: 1120 Street or R.R. Shadowview Way City Indpls. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Alan F. Jones Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Lynda L. Turner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Alan F. Jones II Date 3-30-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Alan F. Jones II

New Address

Subscribed and sworn to before me this 30 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Kay Last Ginn

Date of Birth: Month 4 Day 4 Year 68

Place of Birth (State or foreign country) IN

Residence Address: 78 Street or R.R. Cedar Run Dr City B'burg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 88?

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Raymond Ernest Ginn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mildred Louise Bear
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Angela K Ginn Date 3-30-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Angela K. Ginn

New Address

Subscribed and sworn to before me this 30 day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-30-93 *, 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: I,* JOHN R. EASLEY *(name), certify that on* APRIL 10, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ALAN F. JONES II *of* HENDRICKS *County* IN *(state), and* ANGELA K. GINN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-10-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 116 #17

File

3-30-93
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 E. Kourany, M.D.

MALE APPLICANT

Name: First Robert Middle Maurice Last Woodward Jr.

Date of Birth: Month 11 Day 04 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1345 Argyle Ct. City Plainfield County Hendricks State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert M. Woodward Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marie Busch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ℞ Robert Woodward Jr Date 3-30-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℞ Robert Woodward Jr
New Address Same as Above
Subscribed and sworn to before me this 30 day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kelly Middle Sue Last Peters

Date of Birth: Month 11 Day 02 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1345 Argyle Ct. City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald A. Peters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Corrine L. Rocheck
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ℞ Kelly Sue Peters Date 3-30-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℞ Kelly Sue Peters
New Address _____
Subscribed and sworn to before me this 30 day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-30-93 *, authorizing the marriage of* ROBERT M. WOODWARD, JR. *and* KELLY S. PETERS *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT W. TAYLOR *(name), certify that on* APRIL 21, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ROBERT M. WOODWARD, JR. *of* HENDRICKS *County* IN *(state), and* KELLY A. PETERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-93 *. Signed by:* /s/ ROBERT W. TAYLOR, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 117

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 3-31-93
Name of Physician Robert Hooten M.D.

MALE APPLICANT

Name: First Keith Middle Allen Last Berg

Date of Birth: Month 10 Day 2 Year 68

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. RR 3 Box 396-16 City Clayton County In- State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Lee Berg
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Jean Striegel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Keith Berg Date 3-31-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Keith Berg
New Address 211 West South Street Stilesville IN

Subscribed and sworn to before me this 31st day of March, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Paula Middle Jean Last Bayse

Date of Birth: Month 3 Day 11 Year 72

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. RR 1 Box 335 City Clayton County In Hendricks State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Gerald Wayne Bayse
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ~~Dan~~ Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Ann Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Paula J. Bayse Date 3-31-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Paula Bayse
New Address 211 West South Street Stilesville, Ind

Subscribed and sworn to before me this 31st day of March, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-31-93 *, authorizing the marriage of* KEITH ALLEN BERG *and* PAULA JEAN BAYSE *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* MAY 22, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KEITH ALLEN BERG *of* HENDRICKS *County* IN *(state), and* PAULA JEAN BAYSE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-22-93 *. Signed by:* /s/ STEPHEN WHITE, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-93 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 118

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 3-29-93
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name First: Christopher Middle: David Last: Coll

Date of Birth Month: 1 Day: 10 Year: 67

Place of Birth (State or foreign country): Danville, In.

Residence Address Street or R.R.: RR 1 Box 245 City: Pittsboro, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father David L. Coll
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Margaret Ann Welch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lizton, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christopher D. Coll Date 3-31-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Christopher D. Coll
New Address SAME

Subscribed and sworn to before me this 31st day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First: Deena Middle: Jo Last: Waters

Date of Birth Month: 12 Day: 8 Year: 70

Place of Birth (State or foreign country): Danville, In.

Residence Address Street or R.R.: RR 1 Box 246 D City: Pittsboro, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Charles Franklin Waters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Patricia Joan Norman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Deena Jo Waters Date 3/31/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Deena Jo Waters
New Address RR 1 Box 245, Pittsboro, IN 46167

Subscribed and sworn to before me this 31st day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-31-93 *, authorizing the marriage of* CHRISTOPHER DAVID COLL *and* DEENA JO WATERS *. I further certify that the following marriage certificate was filed in my office: I,* FATHER CHARLES SEAN CHESELBRAUGH *(name), certify that on* MAY 15, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHRISTOPHER DAVID COLL *of* HENDRICKS *County* IN *(state), and* DEENA JO WATERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-15-93 *. Signed by:* /s/ FR. C.S. CHESELBRAUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 119

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Wishard Hosp.

MALE APPLICANT

Name: First Lynn Middle Arden Last Thomas
Date of Birth: Month 11 Day 13 Year 57
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4001 Six Pts Rd City Indpls County State 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 82'
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Larry Nolan Thomas
6. (a) Full name of applicant's father Lloyd Arthur Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Lillian Mae Durham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Lynn A. Thomas Date 3-31-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Lynn A Thomas 3-31-93
New Address _____
Subscribed and sworn to before me this 31 day of March, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Lee Last Patterson
Date of Birth: Month 5 Day 10 Year 61
Place of Birth (State or foreign country) Indpls. IN
Residence Address: Street or R.R. same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 84'
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Harold R. Patterson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Stilesville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sandra K. ~~Shingleton~~ Shingleton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Lori L Patterson Date 3/31/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Lori L Patterson
New Address _____
Subscribed and sworn to before me this 31 day of March, 19 93 3/31/93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-31-93 *, authorizing the marriage of* LYNN D. THOMAS *and* LORI L. PATTERSON *. I further certify that the following marriage certificate was filed in my office: I,* CLAUDE HOLT *(name), certify that on* APRIL 2, 1993 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* LYNN D. THOMAS *of* HENDRICKS *County* IN *(state), and* LORI L. PATTERSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-31-93 *. Signed by:* /s/ CLAUDE HOLT *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 120

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 3-15-93
Name of Physician C. Harsha, M.D.

MALE APPLICANT

Name: First Ronald Middle Lee Last Cline

Date of Birth: Month 7 Day 13 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR 1 Box 92 City Jamestown County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kristyn Cline Sparks.
6. (a) Full name of applicant's father Clifford Wesley Cline
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Adopts, Jamestown, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Nancy Lee Ronald
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jamestown, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ronald L Cline Date 3-31-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ronald L Cline

New Address 913 Lindley, Ind 46145 IN

Subscribed and sworn to before me this 31st day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Gaye Last Goff

Date of Birth: Month 4 Day 12 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 5128 Norcraft City Indianapolis County Marion State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kristyn Nicole Cline Sparks
6. (a) Full name of applicant's father Bert Eugene Goff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Patricia Ann Dickey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Melissa G. Goff Date 3-31-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Melissa G. Goff

New Address 913 Lindley, Indpls IN

Subscribed and sworn to before me this 31st day of March, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-31-93 *, authorizing the marriage of* RONALD LEE CLINE *and* MELISSA GAYE GOFF *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MARCH 31, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RONALD LEE CLINE *of* HENDRICKS *County* IN *(state), and* MELISSA GAYE GOFF *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-31-93 *. 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* 3-31-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 121

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Stephen Heeg

MALE APPLICANT

Name: First Steven Middle Jay Last Berry
Date of Birth: Month 6 Day 3 Year 68
Place of Birth (State or foreign country) IL
Residence Address: Street or R.R. 5303 E. Rd 100 N City Danville County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jeffery Edward Woodard

6. (a) Full name of applicant's father John Henry Berry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, IN
   Birthplace of father (State or foreign country) ARK
   (b) Full maiden name of applicant's mother Betty ~~Lyle~~ Eagan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, IN
   Birthplace of mother (State or foreign country) ARK

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Steven Jay Berry Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court S Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Steven Jay Berry
New Address
Subscribed and sworn to before me this 1 day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lynn Last Dicks
Date of Birth: Month 7 Day 14 Year 74
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 431 Harding St. City Plfd. County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Alan Wayne Dicks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Evelyn Edna McGeorge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jennifer Lynn L. Dicks Date 4-1-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jennifer Lynn L. Dicks
New Address
Subscribed and sworn to before me this 1 day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-1-93 *, authorizing the marriage of* STEVEN J. BERRY *and* JENNIFER L. DICKS *. I further certify that the following marriage certificate was filed in my office: I,* REV. GARY LAFARY *(name), certify that on* APRIL 10, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEVEN J. BERRY *of* HENDRICKS *County* IN *(state), and* JENNIFER L. DICKS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-10-93 *. Signed by:* /s/ REV. GARY LAFARY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 122

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Campbell

MALE APPLICANT

Name: First Joseph Middle Michael Last Farmer

Date of Birth: Month 3 Day 26 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5599 Avon Rd. City Bloffd, County Hendricks, State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Marissa Janelle Farmer
6. (a) Full name of applicant's father Clyde Bonne Farmer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Ruby Kathleen Brooms
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Joseph M Farml Date 4-1-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Joseph M. Farml
New Address Same
Subscribed and sworn to before me this 1st day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Marla Middle — Last Walker

Date of Birth: Month 12 Day 20 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Marissa Janelle Farmer
6. (a) Full name of applicant's father Michael B. Walker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Polly Walker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Marla Walker Date 4-1-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Marla Walker
New Address Same
Subscribed and sworn to before me this 1st day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-1-93 *, authorizing the marriage of* JOSEPH MICHAEL FARMER *and* MARLA WALKER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* APRIL 1, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH MICHAEL FARMER *of* HENDRICKS *County* IN *(state), and* MARLA WALKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-1-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 123

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Benson

MALE APPLICANT

Name: First Gregory Middle Zane Last Sample II

Date of Birth: Month 1 Day 17 Year 1973

Place of Birth (State or foreign country): Florida

Residence Address: Street or R.R. 10010 Bacara Dr. City Indianapolis County Hendricks State In

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gregory Z. Sample
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marla K. Graphorn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Gregory Z. Sample II Date 4-1-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Gregory Z. Sample II

New Address

Subscribed and sworn to before me this 1 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Kaye Last Kikendall

Date of Birth: Month 1 Day 11 Year 1975

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 80 N. 500 E. City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David L. Kikendall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Petra L. Wilkewitsch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Angela Kaye Kikendall Date 4-1-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Angela Kaye Kikendall

New Address

Subscribed and sworn to before me this 1 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-1-93, *authorizing the marriage of* GREGORY ZANE SAMPLE II *and* ANGELA KAYE KIKENDALL. *I further certify that the following marriage certificate was filed in my office: I,* REV. LEONARD MAYNARD *(name), certify that on* MAY 8, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* GREGORY ZANE SAMPLE II *of* HENDRICKS *County* IN *(state), and* ANGELA KAYE KIKENDALL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-8-93. *Signed by:* /s/ REV. LEONARD MAYNARD, ASST. PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 124

File

4-2-93
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. Mitchell Boyer

MALE APPLICANT

Name: First Gregory Middle A. Last Land
Date of Birth: Month 11 Day 6 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 208 Osborne City Pittsboro County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Carl Land
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unity
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Catherine Elaine Andrew
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Unity
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gregory Allen Land Date 4-2-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gregory Allen Land
New Address
Subscribed and sworn to before me this 2nd day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Joy Middle M. Last Heffernan
Date of Birth: Month 12 Day 04 Year 1966
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 208 Osborne City Pittsboro County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jack Gordon Heffernan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Muncie In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Diana King
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Muncie In.
   Birthplace of mother (State or foreign country) England

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joy M. Heffernan Date 4-2-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Joy M. Heffernan
New Address
Subscribed and sworn to before me this 2nd day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-93 *, authorizing the marriage of* GREGORY A. LAND *and* JOY M. HEFFERNAN *. I further certify that the following marriage certificate was filed in my office: I,* WM. J. BROWN *(name), certify that on* 4-17-93 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* GREGORY A. LAND *of* HENDRICKS *County* IN *(state), and* JOY M. HEFFERNAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-2-93 *. Signed by:* /s/ WM. J. BROWN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 125

HENDRICKS County

File

4-2-93
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 4-1-93
Name of Physician Dr. Benson

MALE APPLICANT

Name: First *Randel* Middle *K.* Last *Russell*
Date of Birth: Month 6 Day 16 Year 1971
Place of Birth (State or foreign country) *Indiana*
Residence Address: Street or R.R. *2151 Broyles Dr.* City *Plainfield* County State *In.*
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father *Donald Joseph Russell*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Danville, In.*
   Birthplace of father (State or foreign country) *In.*
   (b) Full maiden name of applicant's mother *Brenda Kay Jones*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Danville, In.*
   Birthplace of mother (State or foreign country) *Kentucky*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Signature of Applicant *Randel W. Russell* Date 4-2-93

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

× Signed *Randel W. Russell*
New Address _____

Subscribed and sworn to before me this *2nd* day of *April*, 19*93*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

FEMALE APPLICANT

Name: First *Christine* Middle *A.* Last *Lange*
Date of Birth: Month 6 Day 06 Year 1971
Place of Birth (State or foreign country) *Indiana*
Residence Address: Street or R.R. *1497 N. 425 E.* City *Danville* County State *In.*
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father *Richard Edward Lange*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Danville In*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Nilah Sue Sutton*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Danville, In.*
   Birthplace of mother (State or foreign country) *California*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Signature of Applicant *Christine A. Lange* Date 4/2/93

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

× Signed *Christine A. Lange*
New Address _____

Subscribed and sworn to before me this *2nd* day of *April*, 19*93*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-93, *authorizing the marriage of* RANDEL WAYNE RUSSELL *and* CHRISTINE ANNE LANGE. *I further certify that the following marriage certificate was filed in my office: I,* A. W. FARNSWORTH IV *(name), certify that on* MAY 15, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RANDEL WAYNE RUSSELL *of* HENDRICKS *County* IN *(state), and* CHRISTINE ANNE LANGE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-2-93. *Signed by:* /s/ A. W. FARNSWORTH IV, CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-93 *(date).*

Signed *Connie Lawson* *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 126

File

4-2-93
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 10-26-87
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name: First Rodney Middle W. Last Randall
Date of Birth: Month 8 Day 04 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 913 Randal Rd. City Plainfield County State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Max C. Randall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mabrucia Connor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Kentuckey

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Rodney Randall Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

+ Signed Rodney Randall
New Address

Subscribed and sworn to before me this 2nd day of April, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Diana Middle L Last Gandolf
Date of Birth: Month 7 Day 27 Year 1965
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 913 Randall Rd. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Roger Allen Peteigo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) So. Carolina
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Sharon Lee Laskey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Diana L. Gandolf Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Diana L. Gandolf
New Address

Subscribed and sworn to before me this 2nd day of April, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* April 2,1993 *, authorizing the marriage of* Rodney W. Randall *and* Diana L. Gandolf *. I further certify that the following marriage certificate was filed in my office: I,* Ted Stephenson *(name), certify that on* April 24, 1993 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Rodney W. Randall *of* Hendricks *County* Indiana *(state), and* Diana L. Gandolf *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* April 2, 1993 *Signed by:* /s/ Rev. Ted Stephenson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 8, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 127

HENDRICKS County

File

4-2-93
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 3-29-93
Name of Physician Dr. Graham

MALE APPLICANT

Name: First Bret Middle Douglas Last Heerema

Date of Birth: Month 11 Day 22 Year 1968

Place of Birth (State or foreign country) Florida

Residence Address: Street or R.R. 31 Kings Ct. City Danville County State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Douglas Lee Heerema
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Myla Elaine Lazdoon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Bret Heerema Date 2 Apr. 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Bret Heerema

New Address _____

Subscribed and sworn to before me this 2nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle S. Last Burkholder

Date of Birth: Month 12 Day 19 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 151 E Drew Rd #206 City Melbourne County State Fla.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Earl H. Burkholder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Laboga, In.
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Nancy Ellene Utter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Laboga, In.
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Rebecca S. Burkholder Date 2 Apr. 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Rebecca S. Burkholder

New Address _____

Subscribed and sworn to before me this 2nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-93 *, authorizing the marriage of* BRET DOUGLAS HEEREMA *and* REBECCA S. BURKHOLDER *. I further certify that the following marriage certificate was filed in my office: I,* ORVAL V. SUTTON *(name), certify that on* APRIL 3, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* BRET DOUGLAS HEEREMA *of* HENDRICKS *County* IN *(state), and* REBECCA S. BURKHOLDER *of* BREVARD *County* FL *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-3-93 *. Signed by:* /s/ REV. ORVAL V. SUTTON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 128

File

4-2-93
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. Charles Kelley

MALE APPLICANT

Name: First Randall Middle Forrest Last Condon

Date of Birth: Month 2 Day 19 Year 1956

Place of Birth (State or foreign country): Indiana

Residence Address: 9380 N. 10th Street Lot 14 Street or R.R. Indpls City Co. County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ralph Chester Condon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lenna Geraldine Boone
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Randall F. Condon Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Randall F Condon
New Address

Subscribed and sworn to before me this 2nd day of April, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSEN

We, the ... only one parent signs, state fact...

State of I...
County of
Father
Mother
Subscribe... , 19
... Clerk

Please do not Publish

FEMALE APPLICANT

Name: First Jennifer Middle Lee Last Tacker

Date of Birth: Month 9 Day 13 Year 1965

Place of Birth (State or foreign country): Indiana

Residence Address: 13 E. Tilden Dr. Street or R.R. Brownsburg City Co. County In. State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bobbie Earl Tacker, I
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Carlyon Juanita Bridges
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Jennifer Lee Tacker Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Jennifer Lee Tacker
New Address

Subscribed and sworn to before me this 2nd day of April, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMP... ER OF COURT. A marriage license having been refused to the above named parties, the ... County ... Court, by written order issued ... and filed in ..., authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-93 *, authorizing the marriage of* RANDALL FORREST CONDON *and* JENNIFER LEE TACKER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* APRIL 2, 1993 *(date), at* DANVISLLE *in* HENDRICKS *County, Indiana,* RANDALL FORREST CONDON *of* HENDRICKS *County* IN *(state), and* JENNIFER LEE TACKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-2-93 *. 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* 4-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 129

HENDRICKS County

File

4-2-93
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 3-30-93
Name of Physician Terri J Brown, M.D.

MALE APPLICANT

Name: First David Middle J. Last Bryant

Date of Birth: Month 6 Day 30 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 901 D Winding Brook E. Dr. City Indpls County State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harold Wayne Bryant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Albany In
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Larry Ann Hudson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Albany In
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant David J Bryant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date 4/2/93

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed David J Bryant

New Address

Subscribed and sworn to before me this 2nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Deana Middle J. Last Spink

Date of Birth: Month 8 Day 26 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 305 Park St. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Frank Dean Spink
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann Scott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Deana J Spink Date 4-2-93

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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Deana J Spink

New Address

Subscribed and sworn to before me this 2nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-93 *, authorizing the marriage of* DAVID JON BRYANT *and* DEANA JO SPINK *. I further certify that the following marriage certificate was filed in my office: I,* JACQUELINE MEANS *(name), certify that on* APRIL 24, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID JON BRYANT *of* MARION *County* IN *(state), and* DEANA JO SPINK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-24-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 130

HENDRICKS 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 ☒ Yes ☐
If No, Medical Examination or Report Dated 4-2-93
Name of Physician J. Lee Jarr

MALE APPLICANT

Name: First Thomas Middle Earl Last Archer
Date of Birth: Month 12 Day 22 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3316 So. Feltz St. City Indpls County Marion State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Cecil Harold Archer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carletta Lee Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Thomas Earl Archer Date 4-7-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Thomas Earl Archer

New Address _____

Subscribed and sworn to before me this 4th day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Nancy Middle Elizabeth Last Smith
Date of Birth: Month 12 Day 22 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1225 E. Washington City Indpls County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Virgil Eugene Augustus
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dora Rose Meyers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis IN
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Nancy E. Smith Date 4-7-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Nancy E. Smith

New Address _____

Subscribed and sworn to before me this 4th day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-7-93 *, authorizing the marriage of* THOMAS EARL ARCHER *and* NANCY ELIZABETH SMITH *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* APRIL 9, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* THOMAS EARL ARCHER *of* MARION *County* IN *(state), and* NANCY ELIZABETH SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-7-93 *. Signed by:* /s/ MYRON BARNARD *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 131

HENDRICKS 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 ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First William Middle Charles Last Ingram
Date of Birth: Month 6 Day 28 Year 21
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 625 S Jefferson St. City B'burg County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 90'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father William Graham Ingram
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Grace Ethel Love
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X William Charles Ingram Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X William C. Ingram
New Address 625 S Jefferson B'burg

Subscribed and sworn to before me this 7 day of 4, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Betty Middle Joan Last Dodd
Date of Birth: Month 4 Day 14 Year 2-7
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4373 Silver Springs Dr. City Greenwood County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐ Date 82'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Glen Earnest Howe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Madaline Mary Hendricks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Betty Joan Dodd Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Betty Joan Dodd
New Address

Subscribed and sworn to before me this 7 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-7-93 *, authorizing the marriage of* WILLIAM CHARLES INGRAM *and* BETTY JOAN DODD *. I further certify that the following marriage certificate was filed in my office: I,* DANIEL DODD *(name), certify that on* MAY 1, 1993 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* WILLIAM CHARLES INGRAM *of* HENDRICKS *County* IN *(state), and* BETTY JOAN DODD *of* JOHNSON *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-7-93 *. Signed by:* /s/ DANIEL D. DODD *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 132

HENDRICKS 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 ☑ Yes ☐
If No, Medical Examination or Report Dated 4-5-93
Name of Physician Dr. Karen Johns

MALE APPLICANT

Name: First Larry Middle L. Last Richwine

Date of Birth: Month 2 Day 2 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6705 E. 900 N. City Brownsburg County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Leslie Richwine
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elnora Evelyn Shirley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address 6705 E. 900 N. Brownsburg

Subscribed and sworn to before me this 7th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Linda Middle A. Last Richwine

Date of Birth: Month 2 Day 26 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6705 E. 900 N. City Brownsburg County State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Dennis Lee Lockhart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Lou Kruse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Linda A. Richwine Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Linda A. Richwine
New Address 6705 E. 900 N. Brownsburg

Subscribed and sworn to before me this 7th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-7-93 *, authorizing the marriage of* LARRY L. RICHWINE *and* LINDA A. RICHWINE *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* APRIL 7, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY L. RICHWINE *of* HENDRICKS *County* IN *(state), and* LINDA A. RICHWINE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-7-93 *. 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* 4-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 133

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 ☐
If No, Medical Examination or Report Dated 4-6-93
Name of Physician Frieda Thompson, M.D.

MALE APPLICANT

Name: First Joel Middle Sydney Last Ward
Date of Birth: Month 2 Day 20 Year 51
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. Box 33 City Stilesville County State In 46180
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Guy Sydney Ward
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mifflin, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Lorene Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mifflin, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joel S. Ward Date 4-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Joel S. Ward
New Address Same
Subscribed and sworn to before me this 8th day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Dianne Middle Marie Last Monday
Date of Birth: Month 9 Day 26 Year 53
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. Box 33 City Stilesville County State In 46180
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bennett White Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Sheila Ann Imel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dianne M. Monday Date 4-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dianne M. Monday
New Address Same
Subscribed and sworn to before me this 8th day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-93 *, authorizing the marriage of* JOEL SYDNEY WARD *and* DIANNE MARIE MONDAY *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* APRIL 8, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOEL SYDNEY WARD *of* HENDRICKS *County* IN *(state), and* DIANNE MARIE MONDAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-8-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 134

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 ☐
If No, Medical Examination or Report Dated 4-7-93
Name of Physician Jerry Powell, D.O.

MALE APPLICANT

Name: First John Middle Martin Last Pattyn

Date of Birth: Month 3 Day 7 Year 52

Place of Birth (State or foreign country) Oak Park, Il.

Residence Address: Street or R.R. 224 Carrottoman Ct. City Indianapolis County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Diana Brooke Pattyn 13yrs.
   Kellie Marie Pattyn 10yrs.
6. (a) Full name of applicant's father Remi C. Pattyn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Croatia
   (b) Full maiden name of applicant's mother Mary Divine
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John M. Pattyn Date 4-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed SAME
New Address John M. Pattyn

Subscribed and sworn to before me this 8th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Constance Middle Janie Last Barnett

Date of Birth: Month 11 Day 2 Year 50

Place of Birth (State or foreign country) Harrisburg, Pa.

Residence Address: Street or R.R. 2442 N Willow Way City Marion County State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father James Triantos
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Greece
   (b) Full maiden name of applicant's mother Angela Kravarites
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Harrisburg, Pa.
   Birthplace of mother (State or foreign country) Greece

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Constance J. Barnett Date 4/8/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Constance J. Barnett
New Address 224 Carrottoman Ct. Inpls, In

Subscribed and sworn to before me this 8th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-93, *authorizing the marriage of* JOHN MARTIN PATTYN *and* CONSTANCE JAMIE BARNETT. *I further certify that the following marriage certificate was filed in my office: I,* DANNY VAUGHN *(name), certify that on* APRIL 10, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOHN MARTIN PATTYN *of* HENDRICKS *County* IN *(state), and* CONSTANCE JAMIE BARNETT *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-10-93. *Signed by:* /s/ DANNY VAUGHN, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 135

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated
Name of Physician K. Drewoathe

MALE APPLICANT

Name: First David Middle E. Last Bumgarner

Date of Birth: Month 4 Day 15 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 111 W New Castle St. City Butler County State PA 16001

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Stanley E. Bumgarner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fisehers IN
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Annie Sue Qualls
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X David E. Bumgarner Date 4/8/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X David E. Bumgarner
New Address 14 TODD TERRACE, DANVILLE, IN 46122

Subscribed and sworn to before me this 8 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kara Middle Lynn Last Almond

Date of Birth: Month 4 Day 30 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 14 Todd Terrace City Danville County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father John T. Almond
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Margaret E. Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kara Lynn Almond Date 4/8/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kara Lynn Almond
New Address 14 Todd Terrace Danville, IN 46122

Subscribed and sworn to before me this 8 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-93 *, authorizing the marriage of* DAVID EUGENE BUMGARNER *and* KARA LYNN ALMOND *. I further certify that the following marriage certificate was filed in my office: I,* JOHN P. ROOF *(name), certify that on* MAY 22, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DAVID EUGENE BUMGARNER *of* BUTLER *County* PA *(state), and* KARA LYNN ALMOND *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-8-93 *. Signed by:* /s/ JOHN P. ROOF *,* EPISCOPAL PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 136

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated 4-7-93
Name of Physician G L Harris MD

MALE APPLICANT

Name First Stephen Middle Ainslee Last Harris

Date of Birth Month 1 Day 14 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 9314 Street or R.R. Mooresville Rd. City Dend. County Camby State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Corley Stephen Harris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Camby, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Bobbie Carol Crow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Camby, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stphn A. Harris Date 4-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stphn A. Harris
New Address 2607 E. 13TH ST.

Subscribed and sworn to before me this 8th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Betty Middle Jo Last Nevins

Date of Birth Month 1 Day 27 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 504 Street or R.R. Avon Rd City Hendricks County Plainfield State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Leon Kenneth Nevins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Penn.
   (b) Full maiden name of applicant's mother Pirla Karlene Hawkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Penn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Betty J Nevins Date 4-8-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Betty J Nevins
New Address 2607 E 13th St Indpls IN

Subscribed and sworn to before me this 8th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-93 *, authorizing the marriage of* STEPHEN AINSLEE HARRIS *and* BETTY JO NEVINS *. I further certify that the following marriage certificate was filed in my office: I,* KEITH GALLOWAY *(name), certify that on* APRIL 17, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEPHEN AINSLEE HARRIS *of* HENDRICKS *County* IN *(state), and* BETTY JO NEVINS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-8-93 *. Signed by:* /s/ KEITH GALLOWAY *,* EVANGELIST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 137

HENDRICKS County

File

4-12-93
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
Name of Physician Dr. Charles Kelley

MALE APPLICANT

Name: First Shawn Middle W. Last Tansy

Date of Birth: Month 11 Day 23 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Summit & Main City Cartersburg County State In

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Edward Tansy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cartersburg In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Judith Carrie Abbe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cartersburg, In
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Shawn Tansy Date 4-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Shawn Tansy

New Address 6771 Lambert, Indpls

Subscribed and sworn to before me this 12th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle A. Last Offringa

Date of Birth: Month 12 Day 31 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6771 Lambert City Indpls County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Bernice Lee Harrington
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hollywood, Florida
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only) Brenda Joyce Lowe
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Melissa A Offringa Date 4/12/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Melissa A Offringa

New Address 6771 Lane

Subscribed and sworn to before me this 12th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-93 *, authorizing the marriage of* SHAWN W. TANSY *and* MELISSA A. OFFRINGA *. 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,* SHAWN W. TANSY *of* HENDRICKS *County* IN *(state), and* MELISSA A. OFFRINGA *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-24-93 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 138

File 4-12-93

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
Name of Physician Hamsell, Richard

MALE APPLICANT

Name: First: Mark Middle: A Last: Vittetow

Date of Birth: Month: 6 Day: 24 Year: 65

Place of Birth (State or foreign country): Indpls Ind.

Residence Address: Street or R.R.: 3655 W 11th St City: Indpls County: Marion State: IN

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Claude Vittetow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Carolyn R. Isaksdi
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mark A Vittetow Date 4/12/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Mark A Vittetow
New Address 36 LYN DR MOORESVILLE, IN 46158
Subscribed and sworn to before me this 12 day of apr, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First: Mara Middle: K. Last: Holtsclaw

Date of Birth: Month: 11 Day: 7 Year: 69

Place of Birth (State or foreign country): Lafayette In.

Residence Address: Street or R.R.: 853 Marion St City: Danville County: Hendricks State: In

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David Charles Holtsclaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Wanita Sue Land
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mara K. Holtsclaw Date 4-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Mara K. Holtsclaw
New Address 36 LYN DR MOORESVILLE, IN 46158
Subscribed and sworn to before me this 12 day of apr, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-93 *, authorizing the marriage of* MARK ANDREW VITTETOW *and* MARA KAY HOLTSCLAW *. I further certify that the following marriage certificate was filed in my office: I,* E. PAUL ALBRECHT *(name), certify that on* APRIL 24, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MARK ANDREW VITTETOW *of* MARION *County* IN *(state), and* MARA KAY HOLTSCLAW *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-24-93 *. Signed by:* /s/ E. PAUL ALBRECHT *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 139

File

4-12-93
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
Name of Physician F. Teter, M.D.

MALE APPLICANT

Name: First Brent Middle A Last Zimmerman

Date of Birth: Month 12 Day 5 Year 61

Place of Birth (State or foreign country) Marion Co.

Residence Address: Street or R.R. 1630 Willard Ct. City Plainfield County Hend State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none.
6. (a) Full name of applicant's father Charles F. Zimmerman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crawfordsville In.
   Birthplace of father (State or foreign country) Ms.
   (b) Full maiden name of applicant's mother Marilyn A. Kessey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crawfordsville In.
   Birthplace of mother (State or foreign country) Clanton Ala.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Brent A Zimmerman Date 4-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Brent A Zimmerman

New Address _____

Subscribed and sworn to before me this 12th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Renata Middle Lou Last Matthews

Date of Birth: Month 6 Day 10 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1630 Willard Ct. City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ronnie Watson 13
6. (a) Full name of applicant's father Ronald E. Matthews
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary S. Hazzard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Renata Matthews Date 4-12-93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Renata Matthews

New Address _____

Subscribed and sworn to before me this 12th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-93 *, authorizing the marriage of* BRENT A. ZIMMERMAN *and* RENATA L. MATTHEWS *. I further certify that the following marriage certificate was filed in my office: I,* DANNY VAUGHN *(name), certify that on* APRIL 17, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* _____ BRENT A. ZIMMERMAN *of* HENDRICKS *County* IN *(state), and* _____ RENATA L. MATTHEWS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-17-93 *. Signed by:* /s/ DANNY VAUGHN, JUDGE PT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 140

File

4-14-93 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 Richard Harrell, M.D.

MALE APPLICANT

Name: First Mark Middle R. Last Rottmann

Date of Birth: Month 3 Day 7 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8250 Township Line Apt A City Indpls County Mn. State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Paul Rottmann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Barbara Ann Behrmann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

+ Signature of Applicant Mark R Rottmann 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

+ Signed Mark R Rottmann

New Address Same

Subscribed and sworn to before me this 14th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle S. Last Dykins

Date of Birth: Month 4 Day 3 Year 1964

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 256 Indiana City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Charles Frederick Dykins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Florence Louise Squires
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Signature of Applicant Rebecca S Dykins 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

× Signed Rebecca S Dykins

New Address 8250 Township Line Apt A Indpls, In

Subscribed and sworn to before me this 14th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-14-93 *, authorizing the marriage of* MARK R. ROTTMANN *and* REBECCA S. DYKINS *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* APRIL 24, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MARK R. ROTTMANN *of* MARION *County* IN *(state), and* REBECCA S. DYKINS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-24-93 *. Signed by:* /s/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 141

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 circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 4-8-93
Name of Physician Kimberly J. Leutzman

MALE APPLICANT

Name: First Jeremy Middle D. Last Ottinger

Date of Birth: Month 7 Day 5 Year 1971

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. P.O. Box 184 City Danville County State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Linden Lee Ottinger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Jean Branson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Wisconsin
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant J D. O 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed J D. O

New Address Dane

Subscribed and sworn to before me this 14th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Randee Middle Jeanne Last Stefanski

Date of Birth: Month 8 Day 31 Year 1972

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. P.O. Box 184 City Danville County State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Larrey Francis Stefanski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Sandra Jean Allbrook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Randee Stefanski 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Randee Stefanski

New Address Dane

Subscribed and sworn to before me this 14th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-14-93 *, authorizing the marriage of* JEREMY D. OTTINGER *and* RANDEE JEANNE STEFANSKI *. I further certify that the following marriage certificate was filed in my office: I,* FRANK BUNN *(name), certify that on* MAY 8, 1993 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* JEREMY D. OTTINGER *of* HENDRICKS *County* IN *(state), and* RANDEE JEANNE STEFANSKI *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-14-93 *. Signed by:* /s/ FRANK BUNN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 142

HENDRICKS County

File

4-14-93
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 Charles H. Dripple

MALE APPLICANT

Name: First Thomas; Middle Dean; Last Smith

Date of Birth: Month 11; Day 2; Year 71

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same →; City; County; State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harold Dean Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Paragon IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Peggy Jean Strother
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Paragon IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Thomas D Smith Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Thomas D Smith

New Address

Subscribed and sworn to before me this 14 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Lori; Middle Ann; Last DeMere

Date of Birth: Month 1; Day 17; Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3603 Clarks Cr Rd.; City Lot 57 Indpls.; County; State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 91'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sandford Douglas Neeley IV Michael Paul Neeley, Ashley Elizabeth DeMere Jessica Rene' DeMere
6. (a) Full name of applicant's father Donald Lloyd Tutterow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marjorie Jean Dickerson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lori A. Demere Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lori A Demere

New Address

Subscribed and sworn to before me this 14 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-19-93 *, authorizing the marriage of* THOMAS D. SMITH *and* LORI A. DEMERE *. I further certify that the following marriage certificate was filed in my office: I,* ANDY ARNETT, SR. *(name), certify that on* APRIL 17, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* THOMAS D. SMITH *of* HENDRICKS *County* IN *(state), and* LORI A. DEMERE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-14-93 *. Signed by:* /s/ ANDY ARNETT, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 143

File

4-15-93
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 ☐ 4-14-93
If No, Medical Examination or Report Dated
Name of Physician Jim Brust, M.D.

MALE APPLICANT

Name: First Douglas Middle Allen Last Tipton

Date of Birth: Month 11 Day 17 Year 60

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 2329 Lake of the Lanterns Dr. City E. Co. Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Donald Lee Tipton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Barbara Jane McGinty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Speedway, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Douglas Allen Tipton Date 4/15/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Douglas Allen Tipton
New Address 5AGE

Subscribed and sworn to before me this 15th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lorraine Middle Marie Last Beatty

Date of Birth: Month 1 Day 26 Year 57

Place of Birth (State or foreign country) Sault Ste Marie, Mi.

Residence Address: Street or R.R. 2329 Lake of the Lanterns E. Dr. City Co. Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Arvid Martin Beatty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of applicant's mother Dorothy Jean Potter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lorraine Marie Beatty Date 4/15/93

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lorraine Marie Beatty
New Address Sage

Subscribed and sworn to before me this 15th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-15-93 *, authorizing the marriage of* DOUGLAS ALLAN TIPTON *and* LORRAINE MARIE BEATTY *. I further certify that the following marriage certificate was filed in my office: I,* RALPH W. CHEESEMAN *(name), certify that on* APRIL 17, 1993 *(date), at* BOWLING GREEN *in* CLAY *County, Indiana,* DOUGLAS ALLAN TIPTON *of* HENDRICKS *County* IN *(state), and* LORRAINE MARIE BEATTY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-15-93 *. Signed by:* /s/ RALPH W. CHEESEMAN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 144

File

4-15-93
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 ☐ 4-16-93
If No, Medical Examination or Report Dated
Name of Physician Robert Avello M.D.

MALE APPLICANT

Name: First Jason Middle James Last Parrish (Parrish)
Date of Birth: Month 9 Day 7 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. RR 1 Box 230B City Pittsboro County Hend. State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Randy Eugene Parrish
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Reline Green
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Sara Middle Jill Last Medcalf
Date of Birth: Month 1 Day 15 Year 76
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. 3658 Avon Rd City Hendricks County Plainfield State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gregory Dean Medcalf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gail A. Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jason J Parrish Date 4/15/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jason J Parrish
New Address
Subscribed and sworn to before me this 16 day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sara J. Medcalf Date 4/15/93

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sara J. Medcalf
New Address
Subscribed and sworn to before me this 16 day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father Gregory D Medcalf ID # 311 54 3458
Mother Gail A. Medcalf ID # 316 62 2963
Subscribed and sworn to before me this 15th day of April, 19 93
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-16-93 *, authorizing the marriage of* JASON JAMES PARRISH *and* SARA JILL MEDCALF *. I further certify that the following marriage certificate was filed in my office: I,* REV. ALAN MOODY *(name), certify that on* APRIL 18, 1993 *(date), at* THORNTOWN *in* BOONE *County, Indiana,* JASON JAMES PARRISH *of* HENDRICKS *County* IN *(state), and* SARA JILL MEDCALF *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-16-93 *. Signed by:* /s/ REV. ALAN MOODY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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