Place of Birth (State or fore

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗸 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Name of Physician (Makles) MALE APPLICANT **FEMALE APPLICANT**

Residence Address Street or R.R. Clarestan County State W.	Residence Address Street or R.R. Claytax County State County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married G OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Mrevers Lucases	Arivers Lecense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes;" has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
THE RESERVE OF THE PARTY OF THE	
6. (a) Full name of applicant's father DONALA Through Morving	6. (a) Full name of applicant's father Druce Starley Coures
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) linekory ge Waska	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Thema Jean Klick	(b) Full maiden name of applicant's mother Elaine Palha It is
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Algebra	Residence of mother (if deceased, so state) Fort Nayne In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Melo Jeesley
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). — / 4/1
Signature of Applicant Mular D. Paulis Date 4/6/93	Signature of Applicant Kathlen Cowen Date 4-16-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss: County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss:
Signed Whenasto Vower in this application is true and correct.	County of Kathleer C. Cowen in this application is true and correct.
New Address SAME	New Address Same
Subscribed and sworn to before me this 16 th day of Moral, 19 93	Subscribed and sworn to before me this
OANU HOUSEN Clerk of the HENDRICKS Circuit Court	CONNUTATIONS Circuit Court
The state of the s	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	January Parison

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, . I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on _____ APRIL 24, 1993
in _____ ALLEN _____ County, Indiana,_____ I, MICHAEL R. HARRIS (date), at FT. WAYN MICHAEL D. NOWLING KATHLEEN C. COWEN FT. WAYNE County, Indiana, HENDRICKS IN County _(state), and (state) were married by me as authorized unty. Indiana, dated 4-16-93 HENDRICKS IN County . under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: ____ REV. MICHAEL R. HARRIS HENDRICKS County, Indiana, dated __ MINISTER (official designation) 4-30-93 Filed and recorded in accordance with the laws of the State of Indiana on (date). Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last +
Date of Birth Day Year Year	Date of Birth Month Day Year 1941
august 14 19578	Feb. 10
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Tuptose
Residence Address Street or R.A. City County Head State	Residence Address Street or R.A. City County Kind For
- Caragos - Sec	The transfer of the transfer of the
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Fother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1	A. · · · · ·
Wills Allend	aruns license
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Yes No Yes Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	- Leak Carles
6. (a) Full name of applicant's father Leuris Beurly Mundle	6. (a) Full name of applicant's father James Olivier Hodshie
6. (a) Full name of applicant's father Active Debuty Mundle (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father factors of the father factors of the father fat
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Cleutan In
Birthplace of father (State or foreign country) Indexa	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Barbara Gine Rice	(b) Full maiden name of applicant's mother Mary Marie Peline
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Split City In-	Residence of mother (if deceased, so state) Chylan An-
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Source E. Musholy Date 4/16/93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this Local Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Gare M. Cauter New Address Subscribed and sworm to before me this 16th day of April , 19 9.3 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
	Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me thisday of, 19	
Subscribed and sworn to before me this day of 19Clerk	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A cand filed in, authorized retrify that there was filed in my office a marriage license issued by the Clerk	marriage license having been refused to the above named parties, the Court, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE rk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A cand filed in	marriage license having been refused to the above named parties, the Court, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE rk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issueds and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE *rk of the Circuit Court ofHENDRICKSCounty, Indiana,Lance Eugene Mundy I further certify that the following marriage certificate was filed in my office:
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issueds and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE **rk of the Circuit Court ofHENDRICKSCounty, Indiana,Lance Eugene Mundy I further certify that the following marriage certificate was filed in my office: (name), certify that on June 12, 1993
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cler dated April 16, 1993 , authorizing the marriage of and Jane Marie Carter I, Myron Barnard (date), at Indianapolis Lance Eugene Mundy of Hendricks	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cler dated April 16, 1993 and Jane Marie Carter I, Myron Barnard (date), at Indianapolis Lance Eugene Mundy Jane Marie Carter of Hendricks Counted a marriage license that was issued by the Clerk of the Circuit Court of	marriage license having been refused to the above named parties, the Court, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cleredated April 16, 1993 and Jane Marie Carter I, Myron Barnard (date), at Indianapolis Lance Eugene Mundy Jane Marie Carter Jane Marie Carter of Hendricks County Hendricks County Authorized Hendricks County Myron Barnard	marriage license having been refused to the above named parties, the Court, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cler dated April 16, 1993, authorizing the marriage of and Jane Marie Carter I, Myron Barnard (date), at Indianapolis Lance Eugene Mundy of Hendricks Coun under a marriage license that was issued by the Clerk of the Circuit Court of	marriage license having been refused to the above named parties, the Court, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court ofHENDRICKSCounty, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clere dated April 16, 1993 and Jane Marie Carter I, Myron Barnard (date), at Indianapolis Lance Eugene Mundy Jane Marie Carter Of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Myron Barnard Filed and recorded in accordance with the laws of the State of Indiana on The state of Indiana on Indiana on	marriage license having been refused to the above named parties, the Court, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE HENDRICKS Female Applicant 50 No @ Yes IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Stephen IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of Birth Never Married Annulment Death Divorce 🗂 Date Last Marriage Ended By: Last Marriage Ended By: Birth Certificate Other (Specify) No V / Yes 🔲 No 🗸 Yes 🗌 No 🗆 Yes 🗌 No 0/ Yes 🗌 No 🗂 / Yes 🗆 No 🗹 Yes 🗌 No 19 Yes 🗌 No U Yes 🗌 No Ves No 🖾 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable The above applicant has objected to verifying by oath or affirmation or Clerk of Court day of april Cornel Lawson Clerk of the Cornel Jawson HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, . I further certify that the following marriage certificate was filed in my office:

(name), certify that on MAY 8, 1993 HUBERT GREER (name), certify that on HENDRICKS PLAINFIELD (date), at PLAINFIE TONY WAYNE ARNOLD County, Indiana, HENDRICKS _(state), and

HENDRICKS County

HENDRICKS

PASTOR

Signed

(state) were married by me as authorized

Circuit Court

County, Indiana, dated 4-16-93

(official designation)

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JULIA JEANETTE BLANTON of

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ___/S/ HUBERT GREER

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No @ Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Ale Transme circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Death 🗌 Annulment Last Marriage Ended By: Last Marriage Ended By: Yes 🗌 No 🗆 / Yes 🗌 No 🗌 Yes 🗌 No D No 19 Yes 🗌 Yes 🗌 No 1 Yes 🗌 No 1 Yes 🔲 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court State of Indiana HENDRICKS day of april, 1923 day of april HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued __ _County _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ HENDRICKS County, Indiana, dated 4-16-93 , authorizing the marriage of _____Martin E. Dawson and _Michelle L. Johnston _ . I further certify that the following marriage certificate was filed in my office: I, Robin K. LaRue (name), certify that on ____June 5, 1993 (date), at ___Plainfield in Hendricks __ County, Indiana,__ Martin E. Dawson _ County ____Ohio _ of_Butler_ _(state), and _ T N HENDRICKS Michelle L. Johnston of Hendricks _ County ___ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of ___ County, Indiana, dated April 16, 1993

_ (official designation)

Clerk Circuit Court

Signed by: 7s/ Rev. Robin K. LaRue

Filed and recorded in accordance with the laws of the State of Indiana on June 9, 1993 (date).

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Colven Middle Clates	Name First Middle Last Miles /
Date of Birth Month Day Year	Date of Birth Month Day , Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. City County State 179 A Page 200 F Amwelle Sn.	Residence Address Street or R.R. City Indoles Marcon
Previous Marital Status: Never Married	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Armena Xinenal	
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No / Yes /	If answer is "yes," has the adjudication been removed? No □ · / Yes □
2. Are you related to the female applicant closer than second cousin? No ☑ / Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 📝 Yes 🗆	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Earl Key Yales	6. (a) Full name of applicant's father Rechald Joseph Mills
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Amyelle	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Rendicable (State or foreign country) Rendicable (State or foreign country) Rendicable (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Physics Sean Lent
(b) Full maiden name of applicant's mother Set General Tuna (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother styling from the first adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Alanvelle In.	Residence of mother (if deceased, so state) and ply any
Birthplace of mother (State or foreign country) Jennessee	Birthplace of mother (State or foreign country) Kentuckef
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Calver Dela 4-16-93	Signature of Applicant Signature of Applicant Date 7-16-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. X Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct
Signed Later & Yater west are Dr.	New Address Charles (MOCON , March 2000)
Subscribed and sworn to before me this 16 th day of 512 th Ale 1 1 1 1 1	Subscribed and sworn to before me this 16th day of 512 hakeshore fell
COMME TOWN TO THE HENDRICKS Circuit Court	Cannie Jawson the HENDRICKS afrilly 1910 Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unitecessary	state facts which make the consent of the other parent dimecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Commence of the Commence of th	Zapone de la companya
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 4-16-93, authorizing the marriage of _	CALVIN D. YATES
andJENNIFER NICOLE BROWN	I further certify that the following marriage certificate was filed in my office
I, CYNTHIA J. SPENCE	(name), certify that on MAY 28, 1993
	in HENDRICKS County, Indiana,
CALVIN D. YATES of HENDRICKS JENNIFER NICOLE BROWN of MARION Co	County IN (state), and ounty IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ CYNTHIA J. SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1. 9
	Signed Connie Jawson Clerk
	HENDRICKS Circuit Cour

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Bradley J. DuBois	Name Shery Lynn Stinson
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street pr R.R. City County State
Same >	POBOX 101 St Rd 39 Chayton ID
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date & 9'	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9 2 1
Date of birth verified by: Birth Certificate A Other (Specify)	Date of birth verified by: Birth Certificate Al Other (Specify) Dr. Lic.
Are you now or have you ever been adjudged to be of unsound mind? No TS Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No X Yes Ye	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes □
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Whitney R. Dubois.	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ S. List the full names of any dependent children.
Austin C. DuBois	
6. (a) Full name of applicant's father Jerry Joseph DuBois	Larry Day Dive
6. (a) Full name of applicant's father TRAY JBSEPN PRIDBIS (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father barry Dean Wineman (If adopted, list adoptive parents only)
Residence of father (if deceased, so state). Anders on In	Residence of father (if deceased, so state) Liquitor In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Exelyn Sue Hallfolder	(b) Full maiden name of applicant's mother Linda Carol Miles
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Anders on In	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Lautan In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency sypdfome).	immune deficiency syndrome).
Signature of Applicant Date 4/19/93	Signature of Applicant Date TITT
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Si	signed & herefor tinan
New Address Subscribed and sworn to before me this 19th day of Capul, 1993	New Address Subscribed and sworn to before me this 19th day of april 1993
Coarie Aurson Clerk of the HENDRICKS Circuit Court	Subscribed and sworm to before me this day of Specific Court Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state tack which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) SS:	State of Indiana) ss:
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	FatherID #ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-24-93, authorizing the marriage of	BRADLEY J. DUBOIS
and SHERIL L. STINSON I STEVAN W. RANSON	I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 24, 1993
(date), atCLAYTON	in HENDRICKS County, Indiana,
BRADLEY J. DUBOIS of HENDRICKS	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ STEVAN W. RANSON	
Filed and recorded in accordance with the laws of the State of Indiana on	4-27-93 (date).
	1. 9
	Signed Cornel Jawson Clerk
	J HENDRICKS Circuit Count

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes I

If No, Medical Examination or Report Dated

Name of Physician Amas Dascoli, MO

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Share Chief Chief
Date of Birth Day Year	Date of Birth Month Day Villanulva Year
1 2 70	5 30 70
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Thomas Ohiliania
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City Sounds State
1281 S. St. RO. 135 Greenwood, Johnson, Jr.	4832 Stoge till way, alkled, Hendrich, on
Previous Marital Status: Never Married X OR No. of Previous Marriages	Previous Marital Status: Never Married X OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivery License	Date of birth verified by: Birth Certificate Other (Specify)
Sures oxcens	- During openie
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Sound Entrala	6. (a) Full name of applicant's father Oscar O, Villanueva
6. (a) Full name of applicant's father the company of the company	6. (a) Full name of applicant's father Scar (if adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Marin Thersa Edwards	(b) Full maiden name of applicant's mother Flora Thedina Mirand
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Matthews his Ligary Date 4-21-79	Signature of Applicant Mylene M. Villanulva Date 4/21/9
	0
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Sierr of State	Oldin Vi Oddit
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct
Signed Matthew L. Eggray	Signed Mylene M. Villanulva Now Address 12 21 S. S.R. 135 Breenwood In 46
New Address Subscribed and sworn to before me this 2/ day of APRIL , 19 93	31 02
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of Lipture, 19 7 Community Character Charac
Circuit Court	CHICAN ON THE CHICAN ON THE
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) State of HENDRICKS SS:
County of ID #	County of
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and med m, authoriz	tes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana
dated $\frac{4-21-93}{}$, authorizing the marriage of $\underline{\hspace{1cm}}$	MATTHEW EDWARDS EGENOLF
and MYLENE MIRANDA VILLANUEVA	I further certify that the following marriage certificate was filed in my office
I, REV. JOSEPH F. SCHAEDEL	(name), certify that on MAY 8, 1993
(date), atINDIANAPOLIS	_ inMARION County, Indiana,
MATTHEW EDWARDS EGENOLF of JOHNSON	County IN (state), and
MYLENE MIRANDA VILLANUENA HENDRICKS Co	ounty IN (state) were married by me as authorize HENDRICKS County Indiana dated 4-21-93
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ REV. JOSEPH F. SCHAEDEL	F HENDRICKS County, Indiana, dated 4-21-93 ROMAN CATHOLIC PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
thea and recorded in accordance with the laws of the state of Indiana on_	(date).
	C
	Signed Cler

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 4-21-93

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

Female Applicant 50 No Yes 11-30-92
If No, Medical Examination or Report Dated 11-30-92
Name of Physician Fullith a Pakerson M.D.

the first that the state of the	FEMALE ADDITIONAL
MALE APPLICANT Name / First Middle / Spst /)	FEMALE APPLICANT Name First of the Middle Last
Kloen Rugene Clark	Date of Birth Month Day Year
Date of Birth Month 9 Day 26 Year 70	12 22 71
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Indunapalis Salar
Residence Address Street or A. Rinley Marth Salem h	Residence Address Rev. 324 Pettahan Hend.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
N D.	- V & D.
Date of birth verified by: Birth Certificate Other (Specify) N. Lec	Date of birth verified by: Birth Certificate Other (Specify) A. Jec.
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ / Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes," has the adjudication been removed? No Yes I
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
50. 00 100 1	
6. (a) Full name of applicant's father Myon Kabell Clark	6. (a) Full name of applicant's father Thalit Showing City
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Marth Salem	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Marrian Warrian
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Madenan Jayce Holch	(b) Full maiden name of applicant's mother Thany Low Waters
(If adopted, list adoptive parents only) Mattl 4-lass Im	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). 6 - 9 PM	immune deficiency syndrome)
Signature of Applicant Park Command Date 4 4 4 4 5	Signature of Applicant / Date 4 1
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS. ss:
Signed Mlm E CM	Signed New Address
New Address Subscribed and sworn to before me this 21et day of april , 19 93	Subscribed and sworn to before me this 2/et day of april , 19 93
Cornel Jassen Clerk of the HENDRICKS Circuit Court	Crace Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Come of Indiana	Chair of Indiana
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of , 19 Clerk
	The first that the season of t
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-21-93 authorizing the marriage of	
and NICOLETTE MARIE FOX CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office:
DANVILLE	(name), certify that on APRIL 23, 1993 in HENDRICKS County, Indiana,
KEVIN EUGENE CLARK of HENDRICKS	County IN (state), and
	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Signed by: /S/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	1ST DEPUTY CLERK (official designation) 4-23-93 (date).
The man recorded in accordance with the tank of the state of mataria on_	1 . 0
	Signed Corne Lawson Clerk
	HENDRICKS Cinnii Com

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Yes No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ David plaggard. IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Annulment Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Drivers Lecence No Yes Yes 🗌 No Yes Yes 🗌 No Yes No Yes No Yes No Yes No FITZGERALD WALKER COLLIN FITZGERALD WALKER Full name of applicant's father ROY Melvin Wallen Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT State of Indiana Course Causo blerk of the Talleso herk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of __ _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: (name), certify that on _ (date), at. County, Indiana, (state), and County (state) were married by me as authorized County_

HENDRICKS

County, Indiana, dated (official designation)

Clerk

Circuit Court

(date).

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

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes
If No, Medical Examination of Report Dated
Name of Physician Laure Tulinot

MALE APPLICANT	FEMALE APPLICANT
Name Danies Christophes Last 71/ard.	Name Mary Elizabeth Robison
Date of Birth Month Day Year 6 2	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Residence Address Street, or R.R. City County & State
114 16. Callege are, Maionsburger.	117 S. Dreen St. Prowssburg
Previous Marital Status: Never Married	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1987	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cherificate Cother (Specify) Dr. Luc.	Date of birth verified by: Birth Certificate Other (Specify) Arwers Luciuse
Are you now or have you ever been adjudged to be of unsound mind? Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓ 5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
RR. D. This Man 1	Control Delina
6. (a) Full name of applicant's father Charles William Ward	6. (a) Full name of applicant's father A.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Chilly Park Company Co
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Sulligible
(b) Full maiden name of applicant's mother Nanthy aucille Conf	(b) Full maiden name of applicant's mother Mary Wilhelminak
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Branshurg In.	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Man (Publication 1 4 2, 83
Signature of Applicant Date 4-21-93	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	HENDRICKS SS:
Signed James C. Ward New Address 1/7. S. Green ST. Browns by IN.	Signed Mey Whobsy P in this application is true and correct.
New Address VIT. S. Green ST. Brownsburg, IN. Subscribed and sworn to before me this 21st day of april, 19 93	New Address
Coasie Lawren Clerk of the HENDRICKS Circuit Court	Carrie Lawen Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana)
County of RENDRICKS) Father	County of HENDRICKS
Mother	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	JAMES CHRISTOPHER WARD
and MARY ELIZABETH ROBISON REV STEPHEN B BRADEN	I further certify that the following marriage certificate was filed in my office:
I, REV. STEPHEN B. BRADEN (date), at MITCHELL	in LAWRENCE County Indiana
JAMES CHRISTOPHER WARD of HENDRICKS	inLAWRENCE
MARY ELIZABETH ROBISON of HENDRICKS Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-21-93
Signed by: /s/ STEPHEN B. BRADEN	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-4-93 (date).
	Signed Cornel Lawrence
	Signed Clerk HENDRICKS Circuit Court
ROYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 155

File 4-21-93

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 19-12-93
If No, Medical Examination or Report Dated 3-12-93
Name of Physician 1. Rhun Campbell H.D.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name & First Middle Cast
Date of Birth Month Day Year	Date of Birth Month Day Year
10 , 25 59	12 17 57
Place of Birth (State or foreign country) Indianapalis In.	Place of Birth (State or foreign country) Industripolity, In
Residence Address of Street or R.R. City County State	Residence Address 9/ Street or R.R. City 4/ County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Other (Specify)	Date of birth verified by: Shirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes ✓	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes
List the full games of any dependent children.	List the full names of any dependent children.
Shayn Miller 9 yis.	Clint Dilen 13 yrs.
marker Theller 6 yrs.	andrea Belen 1/ gro. House
6. (a) Full name of applicant's father (MASA). The little (If adopted, list adoptive parents only).	6. (a) Full name of applicant's father Associate Full adopted, list adoptive parents only)
Residence of father (if deceased, so state) Dadples , In .	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother And 16. Price	(b) Full maiden name of applicant's mother Patrices That Ket
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
britiplace of mother (state of foreign country)	Distributes of motives (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Wark & Mill Date 4-21-93	Signature of Applicant Shawn, M. Bolin Date 4/21/9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address Same	Signed Shown III. Address New Address Same
Subscribed and sworm to before me this 21st day of april, 19 93	Subscribed and sworn to before me this 2/51 day of april, 19 93
Cornelauson Clerk of the HENDRICKS Circuit Court	Connel Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Ss:	State of Indiana) HENDRICKS SS:
County of	County or
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LIGHT	TAND MARRIAGE OFFICIALE
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE HENDRICKS County Indiana
dated $\frac{4-21-93}{}$, authorizing the marriage of $$	derk of the Circuit Court of HENDRICKS County, Indiana, MARK JUSAON MILLWE
and SHAWN MAUREEN BOLEN	I further certify that the following marriage certificate was filed in my office:
I, JOHN P. ROOF	(name), certify that on MAY 15, 1993
(date), atDANVILLE MARK JUDSON MILLER of HENDRICKS	in HENDRICKS County, Indiana,
	County IN (state), and nunty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) — (state) were married by me as distributed
Signed by: /s/ JOHN P. ROOF	, EPISCOPAL PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-17-93 (date).
	()
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-389-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 4-22-93
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 4-21-93
If No, Medical Examination or Report Dated 4-21-93
Name of Physician Schule, H.D.

MALE APPLICANT	FEMALE APPLICANT
Name Lev Parland Garon Garland	Name Parieta Middle Last Last
Date of Birth Month / Day 13 Year 5 9	Date of Birth Month 2 Day / Year 63
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County Strate	Residence) Address Street or R.B. City County State /
TO BY 103 Light, In Hend	THE TRACE TO THE STREET STATE OF
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date / 9 9 3
Date of birth verified by: Birth Certificate Other (Specify) D. Luc	Date of birth verified by: Birth Certificate Other (Specify) Di Lec
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? No Yes ☐ 4. Are you now under the influence of a narcotic drug? No Yes ☐
List the full names of any dependent children.	List the full names of any dependent children.
10 . 1 4 D. 1	0-11
6. (a) Full name of applicant's father Almer U. Navland	6. (a) Full name of applicant's father fines the facility of a deather and the deather and the second secon
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Puttsbara, Inc.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lais Lee Jones	(b) Full maiden name of applicant's mother Theline J. Smith
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) 711136477	Residence of mother (if deceased, so state) Zigton, in.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Lev a. Parlanch Date 4-22 93	immune deficiency syndrome).
Signature of Applicant Level Date 7 22 / 3	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in Affis application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Lev G. Sarland	Signed Camela K Lagne
New Address Rt # 1 Boy 93-A Jamestown, In (Hends)	New Address Dane
Subscribed and sworn to before me this day of HENDRICKS HENDRICKS	Subscribed and sworn to before me this day of the HENDRICKS
Clerk of the Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Chate of Indiana
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated 4-22-93, authorizing the marriage of	
and PAMELA KAY LAYNE	I further certify that the following marriage certificate was filed in my office:
I, VERNON JAMES STOVER, JR.	(name), certify that on MAY 1, 1993
THU LIBOU GIRLING	_ inHENDRICKS County, Indiana,
DAMEET A WAY FARING -	County IN (state), and unty IN (state) were married by me as authorized
	(brain) mere married by me as ammoraçed
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ REV. VERNON JAMES STOVER	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-4-93 (date).
	1. 1
	Signed Cornel awson Clerk
	HENDRICKS / Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 157

File 4-23-93

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 19-93
If No, Medical Examination or Report Dated 4-19-93
Name of Physician W. M. Wards, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Matthew Scatt Juilliam	Name andres Louise Free
Date of Birth Month // Day Year 7.2	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address \ Street or R.R. \ City \ County \ State \ State \ A	Residence Address A Street or R.R. City County State ,
890 Redgewood Dr. apt 205-D Hend. Henrycell	890 Redgewood On apt 205-D Hend
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) A. Lec
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No □ / Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ ✓ Yes ☐	4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
SOURCE AND ASSESSMENT OF THE RESIDENCE OF THE RESIDENCE OF THE PARTY OF THE RESIDENCE OF TH	
6. (a) Full name of applicant's father Daniel gre Zuilliam	6. (a) Full name of applicant's father Agra Lee Arien
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Pluenfull, In.	Residence of father (if deceased, so state) Diceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Travalumus Haase	(b) Full maiden name of applicant's mother wire prices stensy
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Plainfield, In:	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Nourrand
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Matth & Linking Date 4-22-98	Signature of Applicant Marie & Show Date 4-22-9
Signature of Applicant 1. (users a grantee)	Signature of Applicant Contractor
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	Chate of Indiana
State of Indiana I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given SS: in this application is true and correct.
Signed Matth Quillis	Signed Indies of Treen
New Address Suma	New Address Same
Subscribed and sworn to before me this day of HENDRICKS HENDRICKS	Subscribed and sworn to before me this 22 and day of april 19 93
Clerk of the RENDRICKS Circuit Court	Clerk of the HEVENTERS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) NEWDRICKS SS:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County or)
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
PROBLEM A. STEPLANTER AND ADMINISTRATION OF STREET, AND	是是一种,但是一种,他们就是一种,他们也不是一种,他们就是一种,他们就是一种的一种。 第一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种,我们就是一种的一种,我们就是一种的一种,我们就是一种的一种,我们就是一种的一种,我们就是一种的一种
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-23-93	MATTHEW SCOTT QUILLIAM
and ANDREA LOUISE GREEN	I further certify that the following marriage certificate was filed in my office:
I, RICHARD CLEVENGER (data) at PLAINFIELD	(mante), certify man on
MATTHEW SCOTT QUILLIAM of HENDRICKS	in HENDRICKS County, Indiana, (state) and
ANDREA LOUICE CREEN HENDRICKS	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ RICHARD CLEVENGER	ORDAINED MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-1-93 (date).
	0
	Signed Conne Jawson Clerk
BOWE CORNER - SYSTEMS LANGUAGEN 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Yes □

MALE APPLICANT	FEMALE APPLICANT
National First Kent Middle Fanning	Name Kathy First Louise Davis
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. 110 Kast Vermont Hend Brownshur	Residence Address Street or R.R. Street or R.R. April County Arian State Indoor Indoor Indoor Indoor Indoor Indoor Indoor Indoor
Previous Marital Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Driver License	Date of birth verified by: Birth Certificate Anther (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No 🛣 Yes 🗌	Are you now or have you ever been adjudged to be of unsound mind? No ■ Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes ✓	2. Are you related to the male applicant closer than second cousin? No. Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No. Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Eric Davis
6. (a) Full name of applicant's father Clarence P Fauring	6. (a) Full name of applicant's father Daviel Edward Davis
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's latter CANTON INC. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IN	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sawice Lee Clauson	(b) Full maiden name of applicant's mother atol 'MNN Loux
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) + N Birthplace of mother (State or foreign country) - N
	and place of months (class of loosing)
Signature of Applicant Multiple Lend Jerry Park 4/35/43 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed THATALL Court New Address Subscribed and sworn to before me this address Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Found Found Found Store and correct. New Address 110 Found Found Found Store Subscribed and sworn to before me this 33 day of April 19 3 Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
COMPLETE IE MADDIACE LICENSE ISSUED DV CODED OF COLUMN	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
County	
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
and filed in, authorize, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
and filed in, authorize, authorize, authorize, authorize, authorize, authorizing the marriage of, authorize, authorize, authorize, authorize, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
and filed in, authorize, authorize, authorize, authorize, authorizing the marriage of, authorizing the marriage of, andKATHY LOUISE DAVIS	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
and filed in, authorize, authorize, authorize, authorize, authorizing the marriage of, authorizing the marriage of, authorizing the marriage of, authorizing the marriage of	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 4-22-93 , authorizing the marriage of and KATHY LOUISE DAVIS I, GARY A. DWORAK (date), at BROWNSBURG MITCHELL KENT FANNING of HENDRICKS KATHY LOUISE DAVIS of MARION Con	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Early of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 4-22-93 , authorizing the marriage of and KATHY LOUISE DAVIS I, GARY A. DWORAK (date), at BROWNSBURG MITCHELL KENT FANNING of HENDRICKS KATHY LOUISE DAVIS of MARION Counder a marriage license that was issued by the Clerk of the Circuit Court of	Court, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, MITCHELL KENT FANNING _ I further certify that the following marriage certificate was filed in my office: _ (name), certify that on MAY 8, 1993 _ in HENDRICKS County, Indiana, County IN (state), and unty IN (state) were married by me as authorized _ HENDRICKS County, Indiana, dated 4-22-93
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Enk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 4-22-93 , authorizing the marriage of and KATHY LOUISE DAVIS I, GARY A. DWORAK (date), at BROWNSBURG MITCHELL KENT FANNING of HENDRICKS KATHY LOUISE DAVIS of MARION Con	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Eark of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Eark of the Circuit Court of

_Circuit Court

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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes 3-26
If No, Medical Examination or Report Dated
Name of Physician American Black

MALE APPLICANT	FEMALE APPLICANT
Name Will First Widdle I Last Many of	Name A First Addidle C Legs +
Date of Birth Month Day Year / 2	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indian Bales In.	Lebanon, In.
sidence Address Street or R.R. Show Sounty maringlate	Residence Address # Street or R.R. City Processor States He
vivious Marital Status: Never Married OR No. of Previous Marriages	
.042	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify) On Lie.	Date of birth verified by: Birth Certificate Other (Specify) Dr. Lic
Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No ✓ Yes ✓	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗌
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Wilfard William Mann	- 6. (a) Full name of applicant's father Elxyd Kandall Johns
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state). Husbara, Some
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mary VInlura	(b) Full maiden name of applicant's mother 30 to 1871 1871 1871
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Newask, Oll.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome). Signature of Applicant Communication of Applicant Aignorphisms of Applicant Aignorphisms of Applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Lerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Signed Superior of the HENDRICKS Signed Address Superior of the HENDRICKS Superior of the HENDRICKS Superior of the HENDRICKS Superior of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Barbara Signed Barbara Signed Barbara Subscribed and sworm-to before me this Daw day of April 1995 Subscribed and sworm-to before me this Daw day of April 1995 Clerk of the HENDRICKS Circuit County of Indiana State of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County of Indiana Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County On Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County On Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County On Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County On Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County On Subscribed and Sworm-to before me this Daw day of April 1995 Circuit County On Subscribed April 1995 Circuit County On Subscr
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) Supplied HENDRICKS SS:	State of Indiana) ss:
ounty of	County of
lotherID #	FatherID #ID #ID #
ubscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Oddri, by Wilton Order looded
County	
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties
County, authorize RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Cle	es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana,
County	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, WILLIAM WILFORD MANN
County, authorize RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Cle ated	E AND MARRIAGE CERTIFICATE Ork of the Circuit Court of HENDRICKS County, Indiana, WILLIAM WILFORD MANN — . I further certify that the following marriage certificate was filed in my office.
County	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, WILLIAM WILFORD MANN _ I further certify that on MAY 22, 1993
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle ated 4-22-93, authorizing the marriage of BARBARA LYNN JOHNSTON ANDREW P. CREWLEY late), at SPEEDWAY WILLIAM WILFORD MANN of MARION	E AND MARRIAGE CERTIFICATE TRY Of the Circuit Court of MANN I further certify that the following marriage certificate was filed in my office (name), certify that on MAY 22, 1993 In MARION County, Indiana, County IN (state), and
County	E AND MARRIAGE CERTIFICATE THE RICK OF THE COURT OF HENDRICKS County, Indiana, WILLIAM WILFORD MANN I further certify that the following marriage certificate was filed in my office. (name), certify that on MAY 22, 1993 in MARION County, Indiana, County IN (state), and unty IN (state) were married by me as authorized.
RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Cle lated 4-22-93 authorizing the marriage of marriage of MANDREW P. CREWLEY date), at SPEEDWAY WILLIAM WILFORD MANN of MARION BARBARA LYNN JOHNSTON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of ligned by: /s/ANDREW P. CREWLEY	E AND MARRIAGE CERTIFICATE THE RICK OF THE CITY OF THE COURTY OF THE CO
RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Cle ated 4-22-93 , authorizing the marriage of and BARBARA LYNN JOHNSTON ANDREW P. CREWLEY date), at SPEEDWAY WILLIAM WILFORD MANN of MARION BARBARA LYNN JOHNSTON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	E AND MARRIAGE CERTIFICATE In the certify that the following marriage certificate was filed in my office. In the certify that on MARION County, Indiana, MARION County, Indiana, County IN (state), and MEDDRICKS County me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate. (state) were married by me as authorized the marriage certificate. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office. (state) were married by me as authorized the marriage certificate was filed in my office.
RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Cle and	E AND MARRIAGE CERTIFICATE To the Circuit Court of HENDRICKS County, Indiana, WILLIAM WILFORD MANN I further certify that the following marriage certificate was filed in my office (name), certify that on MAY 22, 1993 In MARION County, Indiana, County IN (state), and unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 4-22-93 MINISTER (official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 4-22-93

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 X Yes
If No, Medical Examination or Report Dated 3-22-93
Name of Physician And Hadley, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Grist Olivaine Last Wissam	Name Karen Whiteles Chapman
Date of Birth Month Day Year 4 9 5 4	Date of Birth Month & Day 4 Year 58
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) New Coattle, In.
Residence Address Street or R.R.	Residence Address & B Street or R.R. 440 City On County HEAD, State
Previous Marrital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1983
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Sale of Strift Farmous Dy. Continuous Decinal (Specify)	- N/Lace
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No ✓ Yes Yes Yes ✓ Y	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐	Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
^ .	Drock Thickel Chapman 13 yes.
6. (a) Full name of applicant's father Ray Wiggam	6. (a) Full name of applicant's father James Royald Wheele
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Exteller Randall	(b) Full maiden name of applicant's mother Linda Lie Bailey
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Brunpalling A.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indianapalix
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 4/22/93	immune deficiency syndrome). Signature of Applicant Havin (hapma Date 4/20/83)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Starry . Le grant in this application is true and correct.	County of HENDRICKS in this application is true and correct. Signed Kaur Chapman
New Address Seme	New Address pane
Subscribed and sworn to before me this 22 dd day of april , 19 93 HENDRICKS Circuit Court	Subscribed and sworn to before me this 22 and day of April , 1993 HENDRICKS Circuit Court
Clerk of the Clerk of the Circuit Court	Circuit Court Clerk of the HENDRICAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	MotherID #ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	res and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clared $4-22-93$	erk of the Circuit Court of HENDRICKS County, Indiana, GARY DEWAYNE WIGGAM
and KAREN WHEELER CHAPMAN, dumorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
I, JANICE S. CHILEWSKI DANVILLE DANVILLE	(name), certify that on APRIL 27, 1993
GARY DEWAYNE WIGGAM of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ JANICE S. CHILEWSKI	HENDRICKS County, Indiana, dated 4-22-93
Filed and recorded in accordance with the laws of the State of Indiana on	CHIEF DEPUTY CLERK (official designation) 4-27-93 (date).
	P L
	Signed Corne Oawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No M Yes

If No, Medical Examination or Report Dated

Name of Physician Shownship Medical Clinic

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Month Day Year
Piace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. Gity County State
221 Bridge St. Morresville Morgan, In	745 Woodside Dr. Oldfeld, Hendrichs, Fr.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 182	Last Marriage Ended By: Death Divorce Annulment Date '8
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate AOther (Specify) Orivers Sicense
1. Are you now or have you ever been adjudged to be of unsound mind? No 📈 Yes 🗌	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☑ 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Matthew Mighael
	Heley, Corey Christopher Apelley
6. (a) Full name of applicant's father Chester Q. Bishop	
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Bury McCain, Tr. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Unlanoum
(b) Full maiden name of applicant's mother Winnie Tourse McGale	(b) Full maiden name of applicant's mother Janie Cathlein How
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) The state of the state
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
	0 0
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct	State of Indiana) I swearlaffirm that the information given ss:
County of HENDRICKS in this application is true and correct. Signed Roce No County of the American Signed Roce No County Si	County of HENDRICAS in this application is true and correct.
New Address	New Address Same
Subscribed and sworn to before me this 22M2 day of agril 19 93	Subscribed and sworn to before me this 22 NQ day of Quil 19 93
Connedigation Clerk of the HENDRICAS Circuit Court	Connue Tauson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
	A marriage license having been refused to the above named parties, the
and filed in county , authoriz	Court, by written order issuedtes and directs the issuance of a marriage license to the above named parties.
, addition2	by and directs the issuance of a marriage needs to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana, ROGER D. BISHOP
dated 4-22-93 , authorizing the marriage of andSUZANNE McCAIN	
I. GARY L. WOOD	I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 22, 1993
(date), at DANVILLE	in HENDRICKS County, Indiana,
RÓGER D. BISHOP of MORGAN	County IN (state), and
	unity (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ GARY L. WOOD	County, Indiana, dated 4 22 35
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1. 2
	Signed Conne Jawson Clerk
	HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 4-23-93
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 16-93
If No, Medical Examination of Report Dated 3-16-93
Name of Physician Angle A. Miller, H.D.

MALE APPLICANT	FEMALE APPLICANT
Name Stondan Migdle Last	Name Brist Middle Gas Xheranex
Date of Birth Month Day Year	Date of Birth Month 2 Day Year 72
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Odenty MARIA State	Residence Address Street or R.R. City County #Ewby State
7809 Janel Dr. Intpla, In	2512 Kaker Ct. Brinsburg
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Author (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Date of Dirin Verified by: Birth Certificate Dugner (Specify)	Date of Orth Ferrings Dy. Durin Certaincale Mounts (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage? No	3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dennis Haward Hoy	6. (a) Full name of applicant's father Alen 16 Gregaris
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Arelnotod Sa-	Residence of father (if deceased, so state) Awarding Si
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother that the first success of the	(b) Full maiden name of applicant's mother Thurst Sauce Jahre (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Butunoburg, Inc.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Deflor 14, 100 Date 7-25-13	Signature of Applicant Down J. Lines Date 4-23-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given ss:
County of HENDINGS Signed Shere A Hos	County of HENDALAS in this application is true and correct.
New Address Same	New Address 7809 Janel Do Tindols. Ulm
Subspribed and sworn to before me this 23 rd day of April 19 93 HENDRICKS	Subscribed and sworn to before me this 231 day of april , 1993
Clerk of the HENDRICKS Circuit Court	Cornel Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGENS	DE AND MADDIAGE OFFICIATE
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated $\frac{4-23-93}{}$, authorizing the marriage of ${}$	STEPHEN ALAN HOY HENDRICKS County, Indiana,
and BONNIE JEAN GREGORY	I further certify that the following marriage certificate was filed in my office:
I, REV. F. JAMES BARNES	(name), certify that on MAY 15, 1993
(date), at BROWNSBURG STEPHEN ALAN HOY OF MARION	_ in _ HENDRICKS County, Indiana,
DOLLAR TELLIS CONTROL OF THE PROPERTY OF THE P	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ REV. F. JAMES BARNES	
Filed and recorded in accordance with the laws of the State of Indiana on	5-25-93 (date).
	1
	Signed Conne Pawson Clerk
BOWNE FORMS & SYSTEMS LAWY-99-2-703 1477	

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County 4-23-93

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Africa Middle Mast
Date of Birth Month Day Year 9	Date of Birth Might Day 22 Year //-
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R., City County DHEND, State 1	Residence Address Spreet ok R.R. City County State
516 S. Dunnybrook Dr. Brewishing	5636 Olever and Thank Shaple, In
Previous Marital Status: Never Married ÖR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage?	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. Nathaniel Lee Therum 10	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
Jennifer Marie Frenum 8 ups. 40	Janie man 6 yrs.
6. (a) Full name of applicant's father David Herman Irenum	6. (a) Full name of applicant's father Willard Dean Mann
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Christian Birtholace of father (State or foreign country) Manufland	Residence of father (if deceased, so state) Maple,
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mary Maghaliae Hines	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother X according to the public of the pub
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant AMILE HEMILIE Date 4/88/93	Signature of Applicant Addy Man Date 4/20A
Signature of Approximation of Approximat	Signature of Approach
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Daniel Flaum New Address Same	New Address 5 (6) Sunkyprook Mire
Subscribed and sworn to before me this 23M day of april , 1993	Subscribed and sworn to before me this 2344 Play of Corcl, 19 93
Connuctatives Clerk of the HENDRICKS Circuit Court	Coanil Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State lacts which make the consent of the other parent unnecessary	State facts which make the consent of the other parent dimecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana)
County of	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-23-93, authorizing the marriage of	DANIEL LEE TRENUM I further certify that the following marriage certificate was filed in my office:
I, JOHN E. NOEL	(name), certify that on APRIL 24, 1993
	_ inMARIONCounty, Indiana, CountyIN(state), and
STACY JO MANN of MARION Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ JOHN E. NOEL	
Filed and recorded in accordance with the laws of the State of Indiana on	
	Paris L.
	Signed Auden Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No A Yes 4-8-93
If No, Medical Examination or Report Dated

Name of Physician Michael Bratle, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Qast	Name) First / Missale / Last
Date of Birth Month Day Year	Date of Birth Month Day 2 Year 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indianapalis In.	Residence Address Street or R.R. City County, Spate
Residence Address Street or R.R. City Spralle Head. In	5935 E 150 D Danville Herd, In-
Previous Marrital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a parcotic drug? Not Yes No
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ 5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 7. Ves 7. Yes
and the fall fall for the fall of the fall	Kriptal McDaugall 3 yrs.
T 6 01	0140-1
6. (a) Full name of applicant's father Awry Rugene Harm	6. (a) Full name of applicant's father table tegn Hendlison
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dubain Christy	(b) Full maiden name of applicant's mother Vicky Lynn Fern
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sazgelfle Sn.	Residence of mother (if deceased, so state) Sales Pales In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome()	immune deficiency syndrome).
Signature of Applicant Carl & Johnson Date 4-23-93	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signed Carl E. Johnson	Signed Si
New Address Savill	New Address Call VI Class Classics
Subscribed and swore to before me this	Subscribed and sworn to before me this day of HENDRICKS
Clerk of the RENDRICKS Circuit Court	Clerk of the RENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19 Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in county authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
	as and another the localities of a marriage neonine to the above names parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-23-93 , authorizing the marriage of andKIMBERLY LYNN HENDERSON	CARL EUGENE JOHNSON
I, CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 23, 1993
(date), atDANVILLE	in HENDRICKS County, Indiana,
MREDIV IVNN HENDEDOON - HENDETOKO -	CountyIN(state), and
<i>oj</i>	unty IN (state) were married by me as authorized HENDRICKS County Indiana dated 4-23-93
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-23-93 (date)
	1
	Signed Oknie Jowson Clerk
	' HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Parl Brian Stevens	Name First Ann Hartle Cood
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
10929 Rockville Rd Lot 50 Indpls. IN	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married SOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 12 - 85'	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Par or out the service of Tour Continue to Marie (about) TU. LIC.	- Dr. 70c
~	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No X Yes \	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Hutum Uncaid -	5. List the full names of any dependent children. Lukas Brian Stevens
Lukas Brian Stevens	
6. (a) Full name of applicant's father Harry Wm Steven gr.	6. (a) Full name of applicant's father Devon E. Hartlehoad
6. (a) Full name of applicant's father Table Mr. (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Devon E. Hartlahman
Residence of father (if deceased, so state) That to	Residence of father (if deceased, so state) Petrod Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lessy Doeds	(b) Full maiden name of applicant's mother House K. Caden
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Marka
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Lidah Lid
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the years that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant August Date 04/193	Signature of Applicant Date 100
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above continent has objected to unsituing by eath as efficient as already to the above
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	Marie Committee Charles Committee Co
State of Indiana I swear/affirm that the information given State of HENDRICKS SSS I swear/affirm that the information given	State of Indiana) ss: swear/affirm that the information given
In this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X 1 Aur Y Culture New Address	New Address
Subscribed and sworn to before me this day of David 19 93	Subscribed and sworn to before me this 24 day of 2011, 19 33
Clerk of the HENDRICKS Circuit Court	Lance Days Clerk of the HENDRICKS Circuit Court
	COLLEGE OF THE STATE OF THE STA
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 4-26-93 authorizing the marriage of	PAUL BRIAN STEVENS
andZOE ANN HARTLEROAD	I further certify that the following marriage certificate was filed in my office:
I, M BERT KITE (date) at INDIANAPOLIS	(name), certify that on MAY 8, 1993 MARION County Indiana
PAUL BRIAN STEVENS of HENDRICKS	In Thi
OF ANN HARTLEROAD HENDRICKS	CountyIN(state), and untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-26-93
Signed by: /s/ M BERT KITE	,
Filed and recorded in accordance with the laws of the State of Indiana on_	5-11-93 (date).
	0
	Signed Jawson Clerk
	HENDRICKS Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

	FEMALE APPLICANT
MALE APPLICANT Name First Middle Last 0.0	FEMALE APPLICANT Name First Middle //Last ,
John F. Hauff	- 7). Louise Craig
Date of Birth Month 12 23	Date of Birth Month Day 14 Year 42
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Industrial in .
Residence Address 4 Street of R.R. DCity 7/ County 2 / State 0 2.	Residence Address
1300 New Orew Na. New Brunsking	1303 Day View Nr. Nems. 4 Staurner
Previous Marital Status: Nev Married OR No. of Previous Marriages	Previous Marital Status: Never Marrifd ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1979	Last Marriage Ended By: Death Divorce Annulment Date 1986
Date of birth verified by: Birth Certificate Souther (Specify)	Date of birth verified by: Birth Certificate Other (Specify) On. Rice
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No V Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Jahn F. Hauff	6. (a) Full name of applicant's father Asahel Ralph Hive
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state). Deceased	Residence of father (if deceased, so state). The state of
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Surtha A. Arady	(b) Full maiden name of applicant's mother Theresa That Nats
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Nehraska	Residence of mother (if deceased, so state)
Bittiplace of mother (State of loreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). The Figure of Applicant Pale 4-27-93	immune deficiency syndrome).
Signature of Applicant Date 7-273	Signature of Applicant Mr. James Chaig Date 4-27-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS) SS: White application is true and correct.	State of Indiana) I swear/affirm that the information given ss:
The substitution of the su	in this application is true and correct.
New Address Some	Signed M. James Crarg New Address Same
Subscribed and sworn to Defore me this 27 % day of Coril , 19 93	Subscribed and sworn to before me this 27 × day of april, 19 93
Conne James Clerk of the HENDRICKS Circuit Court	Coasie Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY OPDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-27-93 , authorizing the marriage of	JOHN F. HAUFF
nd N. LOUISE CRAIG LEON L. NICHOLSEN	I further certify that the following marriage certificate was filed in my office: (name), certify that on MAY 14, 1993
(date), atGREENWOOD	
TOUR P. LAURE	inJOHNSON
N LOUISE CDATS	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ LEON L. NICHOLSEN	,(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-18-93 (date).
	ρ · ρ
	Signed Conne Lawson Clerk
	HENDRICKS Circuit Court
CYCE FORMS • SYSTEMS 1-800-380-8702 1477	Circuit Court

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes 4-13-93
If No, Medical Examination or Report Dated, 4-13-93
Name of Physician A. Burki, M.D.

TALE ADDITIONAL	FEMALE ADDITIONAL
MALE APPLICANT Name First, Middle / Last	FEMALE APPLICANT Name A First _Middle
Brian Keith Harper	Sheridan ann Eden
Date of Birth Month Pay 23 Year 78	Date of Birth Month 3 Day 20 Year 70
Place of Birth (State or foreign country) Indianapoles . On .	Place of Birth (State or foreign country) & Indianapolis In.
Residence Address Streets R. t. City D. County State 1. 00	Residence Address Street R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
1 0/ 0-	- × ~ .0:
Date of birth verified by: Birth Certificate Other (Specify) On. Rec.	Date of birth verified by: Birth Certificate Other (Specify) Dr. Tic.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? Not Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
List the full names of any dependent children.	5. List the full names of any dependent children.
O 27/	B'an D. Jela
6. (a) Full name of applicant's father Sony N. Harper	6. (a) Full name of applicant's father Bell Ross Eden
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state) Auntaulle, Al.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign couple)
(b) Full maiden name of applicant's mother Susan Way (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother francher Susan Unit
Residence of mother (if deceased, so state) Pluinfield, In.	Residence of mother (if deceased, so state) Indignapalis, S
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Sullivar
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Date 4-28-93	Signature of Applicant Substitution of Applicant Date 4.28.9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS SS: In this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given this application is true and correct.
Signed 13 KIK	Signed Theriday of Eder
New Address 650) Non k5 OR TMP7)3 Subscribed and sworn to before me this 28th day of April 19 93	Subscribed and sworn to before me this 28 day of april 1993
Cornie gaws Clerk of the HENDRICKS Circuit Court	Comic Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 4-28-93, authorizing the marriage of	BRIAN KEITH HARPER
and SHERIDAN ANN EDEN DAVID BERTHOLD	I further certify that the following marriage certificate was filed in my office: (name), certify that onMAY 1, 1993
(date), at PLAINFIELD	in HENDRICKS County, Indiana,
BRIAN KEITH HARPER of HENDRICKS	County IN(state), and
SHERIDAN ANN EDEN of MARION Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 4-28-93
Signed by:/s/ DAVID BERTHOLD	
Filed and recorded in accordance with the laws of the State of Indiana on_	5-4-93 (date).
	. Consid L
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

Circuit Court

	FEMALE ADDITIONAL
MALE APPLICANT	FEMALE APPLICANT Name 7 First Amtidie 1 Last 1
Khirard dee Freitag	Trace Varlene Taulk
Date of Birth Month 9 Day 10 Year 58	Date of Birth Month Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address / Street or R.R. City, County / State	Residence Address Street or R.R. City County State
5117 Fairway Dr. Hend. Phienfeld, In	5117 Fairway Nr. Hand. Plainfiel
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Last Marriage Ended By: Death Divorce Annulment Date	1 10 0.
Date of birth verified by: Birth Certificate Super (Specify) J. Lice .	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	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No√ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No√ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the ull names of any dependent children.
	Jan Variella Lang 10 mg.
Hendrick Liver Freite	The Varia Fauls
6. (a) Full name of applicant's father New York (If adapted list adaptive parents only)	6. (a) Full name of applicant's father 4 Country (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Placefull; In.	Residence of father (if deceased, so state) New Palestine In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Olene Cunningham	(b) Full maiden name of applicant's mother Eva amelia talon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Branshing Si	Residence of mother (if deceased, so state) Undunpales of
Birthplace of mother (State or foreign country) Trulpool, Mang.	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Edward L. truitery Date 4-28-43	Signature of Applicant Index N. Jault Date 4/28/93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
signed Edward P. tutop	Signed Iracy D. Saule
New Address SAME	New Address SAME
Subscribed and sworn to before me this 28th day of Opil, 19 9 3	Subscribed and sworn to before me this 28 th day of Capril 1993
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
DETUDU OF HARRIAGE HOST	SE AND MADDIAGE OFFICIATE
	SE AND MARRIAGE CERTIFICATE HENDRICKS County Indiana.
I certify that there was filed in my office a marriage license issued by the Cladded 5-6-93 authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana, EDWARD LEE FREITAG
and TRACY DARLENE FAULK, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
uriu	(name), certify that on MAY 15, 1993
(date), atINDIANAPOLIS	in MARION County, Indiana,
EDWARD LEE TREITAG of HENDRICKS	County IN (state), and
TRACY DARLENE FAULK of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 5-6-93
Signed by: /s/ REV. CHARLES R. CRUSE	,PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-18-93 (date).
	(12)
	Signed Clerk
	HENDRICKS Circuit Court

(state) were married by me as authorized

County, Indiana, dated April 29, 1993

Clerk

Circuit Court

(official designation)

Dows

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No Yes 4-2

If No, Medical Examination or Report Dated

Name of Physician IC 31-7-9-1. Furnishing false information upon applying for license. 4-26-93 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death 🗌 Last Marriage Ended By: No 🗆 / Yes 🗆 No 🗆 Yes 🗌 No Yes 🗆 No 🗹 Yes 🗌 Yes 🗌 Yes 🔲 No Yes ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant Myron Miller Clerk of Court Clerk of Court Myron Mille day of Opril
HENDRICKS Corrie Lawson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, , authorizing the marriage of __Myron Andrew Miller dated __April 29, 1993 and Lynn Marie Rohrer _ . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ___ May 15, 1993 Carl Akard Riley (name), certify that on _ Hendricks (date), at Plainfield County, Indiana, Myron Andrew Miller Marion IN (state), and

Hendricks

Filed and recorded in accordance with the laws of the State of Indiana on ____ June 15, 1993

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

_ County

Signed

Minister

_ (date).

Lynn Marie Rohrer

Signed by: /s/ Carl Akard Riley

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 4-29-93 Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the more Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death No No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No D No / Yes Nov No / Yes 🗆 / Yes 🗆 No Yes No D No D Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation acknowledgment because of religious beliefs Clerk of Court Clerk of Court HENDRICKS Cornesponson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICK dated 4-29-93, authorizing the marriage of CHRISTOPHER MICHAEL FEUQUAY HENDRICKS PAMELA JOANNE KIRKHAM . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ MAY 8, 1993 ROBERT STEVEN RICH (name), certify that on _ HENDRICKS HAZELWOOD County, Indiana,_ CHRISTOPHER MICHAEL FEUQUAY HENDRICKS IN County (state), and PAMELA JOANNE KIRKHAM of_ IN OWEN County (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated _ PASTOR Signed by: /s/ ROBERT STEVEN RICH (official designation)

(date).

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** 30-93 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. Yes X No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Last Marriage Ended By: No Yes 🗌 No Yes 🔲 No 🗌 No 🗆 / Yes 🔲 No Yes 🗌 No. / Yes 🗆 No D /Yes 🗆 No Yes 🗌 **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated $\frac{4-30-93}{}$, authorizing the marriage of WILLARD MARION SHANNON County, Indiana, BETTY J. MASSY . I further certify that the following marriage certificate was filed in my office: REV. M. S. LANE (name), certify that on _ MAY 1, 1993

HENDRICKS

County

CHARLESTON

HENDRICKS County

S. CAR.

IN

MINISTER

HENDRICKS

9-3-93

County, Indiana,

_(state), and

(official designation)

County, Indiana, dated 5-1-93

(state) were married by me as authorized

Circuit Court

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

(date), at ___BROWNSBURG

BETTY J. MASSY

WILLARD MARION SHANNON

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

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

Signed by: /s/ Ray Cornett

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File -30-93 Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated FASCR circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Never Married Date 1990 Birth Certificate Date of birth verified by: Birth Certificate Yes 🗌 Yes 🔲 No 1 Yes 🗌 No 🗆 Yes 🗌 No Yes 🗌 No Yes 🔲 No V / Yes Yes 🔲 No. Yes 🔲 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or Clerk of Court Clerk of Court CLAY TON day of April , 19 93 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _, authorizing the marriage of __Richard E. Long dated __ April 30, 1993 and ___ Deborah Ann Stark . I further certify that the following marriage certificate was filed in my office: (name), certify that on June 4, 1993 Ray Cornett (date), at Martinsville in Morgan _ County, Indiana,_ Richard E. Long County __ IN _(state), and _ Deborah Ann Stark Hendricks _ County __ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated April 30, 1993

Pastor

June 10, 1993 (date).

(official designation)

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50	No 🗆	Yes 🗆	THE WATER STR
If No, Medical Exam		Dated	
Name of Physician _	Wm. Edwars	10. m.D	

MALE APPLICANT	FEMALE APPLICANT
Name R First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
9 7 47	12 11 1946
Place of Birth (State or foreign country) The Cleana	Place of Birth (State or foreign country) Mallana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 3	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1988
Date of birth verified by: Birth Certificate Other (Specify) Drivel's Ricense	Date of birth verified by: Birth Certificate Tother (Specify) Driver's Sickne
- Andrew Highlight Committee Committ	
I. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Therall Trusner 18
	Valerie Tresner 13
6. (a) Full name of applicant's father Henry a. Schwartz	6. (a) Full name of applicant's father fames & Hamelton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Clippey Williams	(b) Full maiden name of applicant's mother 1 - 2000 CC - 2000 CC
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Addiana
Birthplace of mother (State or foreign country) Williams	Birthplace of mother (If deceased, so state) Birthplace of mother (State or foreign country)
Distribute of moties (state of loterigh country)	Distribute of moties (State of Integri Country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	Chate of furtices
State of Indiana I swear/affirm that the information given County of HENDRICKS ss: In this application is true and correct.	State of Indiana State of Indiana I swear/affirm that the information given
Signed Kkahrl Willin Selal	Signed & Skeller and Sulsule
New Address R-R-1, BOX 237, Clayton, 7 46118	New Address Same as allowe
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this
Circuit Court HENDRICKS Circuit Court	Corcuit Court Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) HENDRICKS SS:
Father ID #	County of
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	PROPERTY OF THE PROPERTY OF TH
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
and med m, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated $\frac{5-3-93}{}$, authorizing the marriage of $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	RICHARD WILLIS SCHWARTZ
and SHEILA ANN TRESNER R. BRADLEY MILLER	I further certify that the following marriage certificate was filed in my office:
The second secon	in HENDRICKS County, Indiana.
(date), at PLAINFIELD RICHARD WILLIS SCHWARTZ of HENDRICKS	
CHETTA ANN EDECNED	County IN (state), and nuty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) The transfer of the tr
Signed by: /s/ R. BRADLEY MILLER	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-25-93 (date).
	1.0
	Signed Connie Lawson Clerk
	TENERS OF THE PROPERTY OF THE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Christoder Middle arke Schicker	Name First Middle Mervour
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign spuntry)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. Dr. Januille TV
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
- 4 0	
Date of birth verified by: Birth Certificate Dother (Specify) In wers 4 cense	Date of birth verified by: Agirth Certificate Aother (Specify) Drivers Conse
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes □	Are you related to the male applicant closer than second cousin? Not Yes 3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Norman Clarke Schicker	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) M1550W1	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother unda more	(b) Full maiden name of applicant's mother Charlotte J. Ryker
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Ala barna	Birthplace of mother (State or foreign country) Thouand
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant	Signature of Applicant for M. Merror Date 05-03-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS A State of the second in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address SAME	New Address 226 A Northpoint AUE High Point, IVC
Subscribed and sworn topefore me this 3rd day of may , 19 93	Subscribed and sworn to before me this 31 day of may , 19 93
Circuit Court Clerk of the HENDRICKS Circuit Court	Connec James Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) SS:
County of HENDRICKS	County of
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
A DESCRIPTION OF PROPERTY OF PROPERTY OF THE P	
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cla	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana.
dated, authorizing the marriage of	
andLORI MICHELE MERVAR	I further certify that the following marriage certificate was filed in my office:
	(name), certify that onMAY 8, 1993 inMARION County, Indiana,
CHRISTOPHER C. SCHICKER of GUILFORD	County NORTH CAROLINA (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ REV. JOSEPH F. SCHAEDEL RO	County, Indiana, dated 3-3-33
Filed and recorded in accordance with the laws of the State of Indiana on 6-1-93 (date).	
	Signed Connice Lawson Clark
	Signed Clerk HENDRICKS C: Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

Name of Physician Downst

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Peagu Tean Chercu
Date of Birth Month Day Year great	Date of Birth Day Month Day Year
2 20 73	112 19 74
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) New Wexice
Residence Address Street or R.R. City. County State	Residence Address Street or R.R. City County State
46 Henderson Dr. Bloury IN	46 Henderson Dr. Biburg IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: ABirth Certificate Other (Specify)	Date of birth verified by: ***********************************
	To a compare to the second second second second
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of a narcotic drug? No Sy Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
· · · · · · · · · · · · · · · · · · ·	
6. (a) Full name of applicant's father Christopher tominguez	6. (a) Full name of applicant's father Robert W. Cherry
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) B'burs TO	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Winterhaven FL
Simples of failer (State of Foody)	Birthplace of father (State or foreign country) New Mexico
(b) Full maiden name of applicant's mother Karen H. Kemp	(b) Full maiden name of applicant's mother Lisa L. Heinlein
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Albar. New Mexico	(If adopted, list adoptive parents only)
	Residence of mother (if deceased, so state) Danville 10
Birthplace of mother (State or foreign country) New Mexico	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquir
immune deficiency syndrome	immune deficiency syndrome).
Signature of Applicant Date 5-3-93	Signature of Applicant X Legay J. Cherry Date 5-3-9.
	,
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed XV	signed X Yeary Q. Cherry
New Address Same	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 3 day of 1000, 19 93
Clerk of the HENDRICKS Circuit Court	For Connect avanter of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
	Court, by written order issued to the above named parties and directs the issuance of a marriage license to the above named parties
, authoriz	of and director the localities of a marriage mediate to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 5-3-93, authorizing the marriage of	
and PEGGY J. CHERRY JOHN HESSELDENZ	I further certify that the following marriage certificate was filed in my office
TNDTANADOLTC	(name), certify that on MAY 7, 1993
CURTOMORIER I DOMINGUEZ UENDATONO	_ in MARION County, Indiana,
CHRISTOPHER J. DOMINGUEZ of HENDRICKS	County IN (state), and
	unty IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	TILDOR
Signed by: /s/ JOHN HESSELDENZ	JUDGE (official designation)
biled and recorded in accordance with the laws of the State of Indiana on	5-10-93 (date).
The did recorded in accordance with the laws of the state of material on	
The data recorded in accordance with the taws of the state of mataria on	1
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Connie Lacuson Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated 4.27.

Name of Physician P County A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 70 Death Divorce Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) An Lew No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes," has the adjudication been removed? No Yes 🗌 No Yes No Yes No Yes Are you now under the influence of an alcoholic beverage? No Yes No- Yes Are you now under the influence of a narcotic drug? Colward Steer (a) Full name of applicant's father Colward Francis Fry. ed, so state) R#2 Greensburg M
reign country) and nother slicent magnalena myce ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous commu edge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS neta K Stree HENDRICKS in this application is true and correct. Signed Mark & day of MAY HENDRICKS HENDRICKS Connin Laws Clerk of the .. CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County_ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, _, authorizing the marriage of __Mark Edward Fry dated May 3, 1993 _ . I further certify that the following marriage certificate was filed in my office: and Anita Kay Stier (name), certify that on May 29, 1993 I, Fr. Joseph Rautenberg in Ripley _ County, Indiana,_ (date), at Napoleon of Hendricks County __ IN $_$ (state), and $_$ Mark Edward Fry (state) were married by me as authorized Hendricks Anita Kay Stier

HENDRICKS

R. C. Priest

County, Indiana, dated May 3, 1993.

_ (official designation)

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

Filed and recorded in accordance with the laws of the State of Indiana on June 7, 1993

Signed by: /s/ Fr. Joseph F. Rautenberg

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No Yes 5-//If No, Medical Examination or Report Dated 5-//Name of Physician Dubles, M.D. IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate No 🗗 Yes 🗌 Yes 🗌 No D Yes 🗌 No 🗆 Yes 🔲 No D Yes 🗌 No 🗹 Yes 🗌 Yes 🔲 No V Yes **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, , authorizing the marriage of _ KARYN KAE COLON . I further certify that the following marriage certificate was filed in my office:

(name), certify that on MAY 22, 1993 JOHN CALDWELL (name), certify that on HENDRICKS AVON (date), at _ County, Indiana, BRIAN KEITH LEGG HENDRICKS IN County (state), and KAREN KAE COLON HENDRICKS IN (state) were married by me as authorized nty. Indiana, dated 5-11-93 County

HENDRICKS

(date).

MINISTER

5-25-93

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

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

Signed by: /s/ JOHN CALDWELL

Clerk Circuit Court

County, Indiana, dated _

(official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 5-4-93 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated
Name of Physician Sulfat Sulfat No X A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT NAV Yes 🗌 No / Yes No 🗆 / Yes 🗌 No V Yes 🔲 No Yes 🗌 No V / Yes 🗆 No Yes 🗌 No V Yes 🔲 ACKNOWLEDGMENT The above applicant has objected to verifying by I swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correct above - day of May , 19 93 HENDRICKS HENDRICKS Corne dawson Conne Tawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS REGINA GAY ABNEY _ . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ____ MAY 21, 1993 I, JAMES D. SPENCER (date), at PLAINFIELD HENDRICKS County, Indiana,_ JOHN NORMAN JATHO HENDRICKS IN County _ (state), and HENDRICKS REGINA GAY ABNEY _ County (state) were married by me as authorized

HENDRICKS

PLAINFIELD TOWN COURT JUDGE (official designation)

(date).

County, Indiana, dated 5-4-93

____ Clerk _Circuit Court

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

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

Signed by: /s/ JAMES D. SPENCE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Iment 🔲 Last Marriage Ended By: Yes 🗌 Yes 🗌 /Yes 🗆 No 🗆 Yes 🗌 No 🗌 No 🔽 Yes 🗆 Yes 🗌 / Yes 🗌 Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court HENDRICKS (HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated ____ May 4, 1993 , authorizing the marriage of ____ Dee Wayne Taylor and __ Jennifer Ann Chaney _ . I further certify that the following marriage certificate was filed in my office: I, Rolland G. Pfile (name), certify that on June 5, 1993 (date), at Plainfield in Hendricks _ County, Indiana,_ Dee Wayne Taylor of_ Hendricks IN (state), and Jennifer Ann Chaney Hendricks IN County. (state) were married by me as authorized

HENDRICKS

(date).

HENDRICKS

Minister

June 8, 1993

Signed

County, Indiana, dated May 4, 1993.

Clerk

Circuit Court

(official designation)

BOYCE FORMS • SYSTEMS 1-800-382-8702 14

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

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

Signed by: /s/ Rolland G. Pfile

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

180 **HENDRICKS** County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Annulment Death Annulment Last Marriage Ended By: Last Marriage Ended By: Birth Certificate Other (Specify) Birth Certificate Other (Specif Yes 🗌 Yes 🗌 No / Yes No 🗌 Nov Yes 🗌 No D Yes 🗌 No Yes | Yes | Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Ovean Bully Henderson III acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS day of Thuy HENDRICKS HENDRICKS Come Jawan Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

OVEAN BILLY HENDERSON III , authorizing the marriage of _ AMY JO STRODE

. I further certify that the following marriage certificate was filed in my office: (name), certify that on MAY 7, 1993

County, Indiana,

County, Indiana, dated _

(official designation)

(state) were married by me as authorized unty, Indiana, dated __5-5-93

Clerk Circuit Court

(name), certify that on _

HENDRICKS

HENDRICKS

IN

MINISTER

County

5-17-93

County

HENDRICKS

HENDRICKS

PHILLIP BILYEU

(date), at DANVILLE
OVEAN BILLY HENDERSON

AMY JO STRODE

DANVILLE

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

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

Signed by: /s/ Cynthia J. Spence

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** Female Applicant 50 No Yes I If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Yes 🗌 No V Yes 🗌 No . Yes No 🗆 Yes 🗌 No Yes No D Yes 🗌 No Yes No Yes 🗌 No Yes No Yes 🗌 ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation umis SAM. day of May , 19 93 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County . and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, _ , authorizing the marriage of _____James Raleigh O'Neil dated May 5, 1993 and Brenda Lou Gregg . I further certify that the following marriage certificate was filed in my office: (name), certify that on ___June 7, 1993 I, _ Cynthia J. Spence (date), at ____ Danville in Hendricks County, Indiana, James Raleigh O'Neil of Hendricks County ____ _(state), and Brenda Lou Gregg Hendricks County_ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ _County, Indiana, dated __May 5, 1993

, 1st Deputy Clerk (official designation)

Dawson

HENDRICKS

Clerk

Circuit Court

June 7, 1993 (date).

Signed

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County No X Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Dane IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Date of birth verified by: Birth Certificate Date of birth verified by: Birth Certificate Yes 🔲 No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗌 No 🗆 Yes 🗌 If answer is "ves," has the adjudication been removed? No 🗹 Yes 🗌 No Yes 🗌 No Yes 🔲 No Yes 🗌 Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I have received information regarding dangerous communicable diseases information regarding dangerous communicable Date 05-06-93 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above State of Indiana day of Mac HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 5-6-93, authorizing the marriage of MICHAEL WILLIAM CANFIELD HENDRICKS County, Indiana, . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ___ MAY 8, 1993 and LORI LYNN LAEL REV. ANN E.P. MCELLIGOTT (date), at _ INDIANAPOLIS MARION County, Indiana, MICHAEL WILLIAM CANFIELD of JOHNSON IN _(state), and . County UB LORI LYNN LAEL HENDRICKS (state) were married by me as authorized of_

HENDRICKS

5-14-93

ASSOCIATE RECTOR (official designation)

County, Indiana, dated 5-6-93

Clerk Circuit Court

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

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

Signed by: /s/ REV. ANN E.P. McELLIGOTT

Indiana

acknowledgment because of religious beliefs.

Subscribed and sworm to before me this 27 the Clerk of the

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

Clerk of Court

State of Indiana

County of ___

Last Marriage Ended By:

Death

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. Floyd circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Délaine Darriner 2820 E. 100 N Danville Never Married OR No. of Previous Marriages No No Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 Yes 🗌 (a) Full name of applicant's father Eugene Edward Warringre.

(If adopted, list adoptive paragle sale) Full name of applicant's father David Arthur DerbyShire of father (if deceased, so state) of applicant's mother Donna Dean Fields ant's mother Janice Ray Hash ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Subscribed and sworn to before me this 30 %. day of aug HENDRICKS O HENDRICKS (CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only HENDRICKS County of _ ID #_ ID #_

Cler	rk			Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT				the state of the s
and filed in, auth				
RETURN OF MARRIAGE LICE	ENSE AN	D MARRIAGE CERTIFICA	TE	ber Minterior
I certify that there was filed in my office a marriage license issued by the dated $\frac{5-6-93}{}$, authorizing the marriage of	Clerk of RAN	the Circuit Court of	HENDRICKS	_ County, Indiana,
andDELAINE L. DERBYSHIRE	If	urther certify that the followi (name), certify that on		vas filed in my office:
(date), atDANVILLE	in	HENDRICKS	_ County, Indiana,	
RANDEL L. WARRINER of HENDRICKS DELAINE L. DERBYSHIRE of HENDRICKS	County_	y IN IN	(state) were married	by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Coursesigned by: _/S/ LARRY M. HAMM	t of		ounty, Indiana, dated _ _ (official designation)	5-6-93
Filed and recorded in accordance with the laws of the State of Indiana or	n	5-11-93 (date)	9	
	Signed	Conne	Jawson	Clerk

HUNDRICKS

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Are you now or have you ever been adjudged to be of unsound mind' No 🗆 No 🗆 Yes 🔲 Yes 🗌 Yes 🗌 No 🗹 No E Yes 🗌 No M No M , Yes 🗆 Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Clerk of Court State of Indiana ar/affirm that the information given HENDRICKS in this application is true and correct ton EN 96118. May , 19 73 day of May , 19 93 HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give con HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, dated 5-6-93
and TRACY LEE KIGER _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____ MAY 15, 1993 PASTOR WALTER C. BOLINGER (name), certify that on HENDRICKS DANVILLE (date), at _ County, Indiana, DEVON RAY LAWSON HENDRICKS IN County (state) were married by me as authorized TRACY LEE KIGER IN HENDRICKS County

HENDRICKS

(date).

PASTOR

Signed

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

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

Signed by: /s/ WALTER C. BOLINGER

County, Indiana, dated _

(official designation)

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 If No, Medical Examination or Report Dated Name of Physician Richard Fland, M.D. **FEMALE APPLICANT** 52 No d Yes 🗌 Yes 🗌 No 🗆 Yes 🗌 No 🗌 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🗌 No V Yes 🗌 No D Yes 🔲 The above applicant has objected to verifying by oath or affirmation CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

Never Married

HENDRICKS

CONSENT OF PARENTS, PARENT, OR GUARDIAN

County .

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, , authorizing the marriage of __Jack Edward Shepherd dated May 6, 1993 and Linda June Gates _. I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ June 4, 1993 I, __Michael Conley (name), certify that on _ (date), at _Indianapolis Marion County, Indiana, of Hendricks Jack Edward Shepherd IN County (state), and IN Linda June Gates Hendricks (state) were married by me as authorized County. under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated May 6, 1993 Minister /s/ Michael Conley (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ June 8, 1993 (date).

Court, by written order issued_

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

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

Clerk HENDRICKS Circuit Court

and filed in

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes 5-7-93
If No, Medical Examination or Report Dated
Name of Physician 12 Colored Day M.D.

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of statured the adoptive grown only. Brington of their discounts on stature (flow on the protognostics) Of It is make many only. Protocost of melt (flowers on any only). Protocost of melt (flowers on any only). Protocost of melt (flowers on any only). ACOMPLEDOMENT I advantable shoping parameters on the protognostics on any only only only only only only only on	6 (a) Eull name of applicant's father Werman Kermit Heiske en	nstalle Metanley 8 ins.
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Signed Bellow Address Super Signed Bellow Rev Address Super Signed Signe	HENDRICKS SS:	HENDRICUS SS:
Subscribed and energie before me this To day of Thirty 19 3 (Since I Deliver) To the MENDRICKS (Since I Deliver) To day of Thirty 19 3 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 5 (Since I Deliver) To deep of Thirty 19 4 (Since I Deliver) To deep of Thirty 19 5 (Since I Deliver) To deliver 19 5 (Since I Deliver) To deliver 19 5 (Since I Deliver) To deliver 19 5 (Sinc	County of	Signed Jennifer E. McKarney
CONSENT OF PARENTS, PARENT, OR GUARDAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana Subscribed and sworn to before me this day of 10 ft. Subscribed and sworn to before me this day of 10 ft. Subscribed and sworn to before me this day of 10 ft. RETURN OF MARRIAGE LICENSE and MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS RETURN OF MARRIAGE LICENSE and MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 5-7-93 authorizing the marriage of BENSON GRANT HINSTAW I purpose certificate was filed in my office: (name), certify that on MAY 7, 1993 (date), at DANVILLE in HENDRICKS County IN (state), and JENNIFER ELAINE MCKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE MCKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE MCKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE MCKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE MCKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE 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 MENDRICKS County Indiana, dated 5-7-93 Signed by: /s / CYNTHIA J . SPENCE Filed and recorded in accordance with the laws of the State of Indiana on 5-7-93 (date).		700 70 92
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary. State of Indiana the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary. State of Indiana the other parent unnecessary state facts which make the consent of the other parent unnecessary. State of Indiana the consent of the other parent unnecessary. State of Indiana the consent of the other parent unnecessary. State of Indiana the other par	Carrie heres HENDRICKS	subscribed and sworp to before me this day of
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary. State of Indiana the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary. State of Indiana the other parent unnecessary state facts which make the consent of the other parent unnecessary. State of Indiana the consent of the other parent unnecessary. State of Indiana the consent of the other parent unnecessary. State of Indiana the other par		
State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS Authorizing the marriage of BENSON GRANT HINSHAW and JENNIFER ELAINE MCKAMEY I, CYNTHIA J. SPENCE (date), at DANVILLE in HENDRICKS County, Indiana, BENSON GRANT HINSHAW JENNIFER ELAINE MCKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE 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 MAY 7, 1993 In HENDRICKS County, Indiana, Signed County, Indiana, dated 5-7-93 IST DEPUTY CLERK (official designation) Signed Clerk Clerk Signed County Amary Clerk Clerk Clerk Clerk County Amary Clerk Clerk Clerk Clerk Clerk Clerk Clerk County Amary Clerk		
County of HENDRICKS Father	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
County of Methods. Subscribed and sworn to before me this day of 10 " Subscribed and sworn to before me this day of 10 " County County County by written order issued 10 " and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 5-7-93 , authorizing the marriage of BENSON GRANT HINSHAW and JENNIFER ELAINE MCKAMEY .I further certify that the following marriage certificate was filed in my office: (name), certify that on MAY 7, 1993 (date), at DANVILLE in HENDRICKS County IN (state), and JENNIFER ELAINE MCKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE MCKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE 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 Signed by: /s/ CYNTHIA J. SPENCE (ISTURDING) (date). Signed County License having been refused to the above named parties. Clerk Clerk Clerk County by written order issued County, by written order issued THENDRICKS County, Indiana, MENDRICKS County, Indiana, Signed County Clerk Clerk Clerk Clerk County License having been refused to the above named parties. Clerk County In (state) and HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Signed Dy: /s/ CYNTHIA J. SPENCE (official designation) Signed County License (date). Signed County License (date). Signed County License (date). Clerk	State of Indiana)	State of Indiana)
Mother_Subscribed and sworn to before me this	County of	County of
Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 5-7-93 , authorizing the marriage of BENSON GRANT HINSHAW and JENNIFER ELAINE McKAMEY Ifurther certify that the following marriage certificate was filed in my office: I, CYNTHIA J. SPENCE (name), certify that on MAY 7, 1993 (date), at DANVILLE in HENDRICKS County, Indiana, BENSON GRANT HINSHAW of HENDRICKS County IN (state), and JENNIFER ELAINE McKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE McKAMEY of HENDRICKS County IN (state), and JENNIFER ELAINE 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 Signed by: /5/ CYNTHIA J. SPENCE , 1ST DEPUTY CLERK (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-7-93 (date). Signed County Hawson Clerk		
and filed in		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
and	I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
I, CYNTHIA J. SPENCE (date), at DANVILLE BENSON GRANT HINSHAW of HENDRICKS County IN (state), and JENNIFER ELAINE 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 5-7-93 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 5-7-93 (date). Signed Connuction Clerk	, , , ,	
BENSON GRANT HINSHAW of HENDRICKS County IN (state), and JENNIFER ELAINE 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 5-7-93 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 5-7-93 (date). Signed Connuct Auction Clerk	I, CYNTHIA J. SPENCE	(name), certify that on MAY 7, 1993
JENNIFER ELAINE 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 5-7-93 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 5-7-93 (date). Signed Conne Lawson Clerk	DENGON CRANE UTNOVING	
Signed by:/s/ CYNTHIA J. SPENCE	JENNIFER ELAINE MCKAMEY of HENDRICKS Co	unty IN (state) were married by me as authorized
Filed and recorded in accordance with the laws of the State of Indiana on 5-7-93 (date). Signed Clerk		County, Indiana, dated 3-1-95
		100
		Canaia L
BOWE FORMS + OVERTILE LANGUAGES OF THE L		Signed Clerk HENDRICKS Circuit Court

Signed by: /s/ Kelly Ingersoll

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the m. Due, H.D Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Last Marriage Ended By: Birth Certificate Yes 🗌 Yes 🗌 No 🗌 Yes 🗌 Nov NOVE Yes 🗌 Yes 🗌 Yes 🔲 ACKNOWLEDGMENT **ACKNOWLEDGMENT** day of May , 19 93 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated ____May 27, 1993 _ , authorizing the marriage of ____ Damon Joe Fritzinger Angela Corinne Adams . I further certify that the following marriage certificate was filed in my office: I, Kelly Ingersoll (name), certify that on June 5, 1993 in Hendricks (date), at __Danville _ County, Indiana,_ Damon Joe Fritzinger _(state), and _ of Hendricks County _ IN HENDRICKS Angela Corinne Adams of Hendricks (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated May 27, 1993

Minister

June 14, 1993

Signed

(official designation)

_ Clerk

Circuit Court

howson

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County -10-93 Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date 1992 Last Marriage Ended By: Last Marriage Ended By: No No . Yes 🔲 No 0/ Yes 🔲 No D No 🔽 Yes 🗌 Yes 🔲 No 🗹 Yes 🔲 / Yes 🗌 Yes 🗌 No D Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have Clerk of Court Clerk of Court Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE dated 5-10-93
DIANA AUDREY BULLARD I further certify that the following marriage certificate was filed in my office:

MAY 19, 1993 CYNTHIA J. SPENCE DANVILLE GEORGE ALTON BROUGHTPLENTY County, Indiana, HENDRICKS (state), and (state) were married by me as authorized into Indiana, dated 5-19-93 DIANA AUDREY BULLARD IN County HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/CYNTHIA J. SPENCE County, Indiana, dated _

1ST DEPUTY CLERK

(date).

5-19-93

Signed

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

_ (official designation)

Clerk Circuit Court

Last Marriage Ended By:

Clerk of Court

and filed in.

and

(date), at_

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No Yes I If No, Medical Examination or Report Dated, IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Richard Hosselly M.D. circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce 🔲 Death Annulment Death Annulment Other (Specify) No -Yes 🗌 No Yes 🗌 No Yes 🗌 No Yes 🗆 No Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases HENDRICKS HENDRICKS Conned auson Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of __ _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: (name), certify that on _

> _ County, Indiana,. (state), and _

County, Indiana, dated

(date).

Signed

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes Yes 4-27-93
If No, Medical Examination of Report Dated
Name of Physician

R. Clark, M.D.

MALE APPLICANT Name 1 First / Middle Last	FEMALE APPLICANT Name First Middle Lagt Lagt
Jerry Ken Mounce	Unn Marie Mask Hader
Date of Birth Month Day Year 66	Date of Birth Month 5 Day 12 Year 67
Place of Birth (State or foreign country) Somerset Key.	Place of Birth (State or foreign country) Danuelle, In.
Residence Address Street or R.R. City V. County State State	Residence Address Street or R.R. City 2/c Country Plans Die View
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorch Annulment Date / 991
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate **Dother (Specify) **T
Date of Differ verificate Differ Corporation (Opening) M. A.C.	Date of Julia Perimed Of. Continuous Security (Specify). Alec.
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ / Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Sherman L. Thounce	6. (a) Full name of applicant's father Lauren Rayce Rader
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Robert They Phelps	(b) Full maiden name of applicant's mothe Clancic Marlys Han
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Level Mound Date, 5/10/93	Signature of Applicant Con Maria Mark Pada Date 5-10-93
The same of the sa	Organica of Approxim
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Telling Mountain	signed Cantillace Mask Kade
New Address SAMS Subscribed and sworn tembefore me this 10 th day of Many 19 93	New Address Subscribed and sworn temperare me this 10th day of May 19 9.3
Chriefewan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of May 19 43 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	
, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
and ANN MARIE MASK RADER, authorizing the marriage of	
REV. RAYMOND L. RADER	I further certify that the following marriage certificate was filed in my office: (name), certify that onMAY 15, 1993
(date), atDANVILLE	in HENDRICKS County, Indiana,
TERRY KEN MOUNCE of HENDRICKS	County IN(state), and
	ounty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ REV. RAYMOND L. RADER Filed and recorded in accordance with the laws of the State of Indiana on_	
Thea and recorded in accordance with the laws of the state of matana on	5-26-93 (date).
	Signed Connie Lawson Clerk
	HENDRICKS C: CC

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT **FEMALE APPLICANT** No 🗆 / Yes 🗆 No D Yes 🗌 Yes 🗆 Yes 🗌 No Yes Yes 🔲 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, LINDA DARLENE LEWIS . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-19-93 I, LIBBIE D. STODDARD (name), certify that on _ HENDRICKS (date), at ___BROWNSURG County, Indiana, LEON ALBERT GOTTFRIED HENDRICKS IN (state), and County LINDA DARLENE LEWIS HENDRICKS IN County, Indiana, dated 6-19-93 County under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: ____/s/ LIBBIE D. STODDARD HENDRICKS ORDAINED MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-23-93 (date).

BOYCE FORMS • SYSTEMS 1-800-382-8702 147.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes 4-26-93

If No, Medical Examination or Report Dated 4-26-93

Name of Physician D. Felker, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name SP First # 1 Middle / Wast #	Name M Pirst . Philiddle 1 Last 4
Date of Birth Month Day Year 67	Date of Birth Morth Day , Year 7
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address A Street or R.R. City County State /	Residence Address Streeter R.R. City County State / 1
1115 Frankie Ct., Brownshaug Thend in	94817) 300 to Marristown (Shelly)
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) W. Ricc.
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Note Yes Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ 5. List the full names of any dependent children	List the full names of any dependent children.
	matthew Ryon Treat 7 yrs.
Fale & Hear of Carter	Paralle to Bai
6. (a) Full name of applicant's father There There (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Brunshung Sn.	Residence of father (if deceased, so state) Manustaion, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (1) (if adopted list adoptive parents only)	(b) Full maiden name of applicant's mother and the full full adoptive parents could
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
TOTAL PROPERTY.	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Date 5-11-93	Signature of Applicant & Wy was Signature of Applicant & Wy wa
Signature of Applicant Date Date	Signature of Applicant 4114 Curak Meat Date 5/11/23
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 748 T Rockleigh Sue. # A Indak. 4624	New Address 7487 ROLLEICH Ave # A INTOIS 460
Sopscribed and sworn pobefore me this // day of May , 19 23	Subscribed and sworn to before me this // day of May 19 13
Clerk of the HENDRICKS Circuit Court	Consultation Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Cierk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in County authoriz	Court, by written order issuedces and directs the issuance of a marriage license to the above named parties.
and med m, authoriz	les and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded $5-11-93$	erk of the Circuit Court of HENDRICKS COUNTY, Indiana,
dated5-11-93, authorizing the marriage of andMYLEIAH LYNN TRENT	ROBERT FREDRICK CARTER
HAROLD L. LEININGER	I further certify that the following marriage certificate was filed in my office: (name), certify that on6-5-93
(date), atBROWNSBURG	in HENDRICKS County, Indiana,
ROBERT FREDRICK CARTER of HENDRICKS	County IN (state), and
MYLEIAH LYNN TRENT of SHELBY Conunder a marriage license that was issued by the Clerk of the Circuit Court of	nunty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 6-5-93
Signed by: HAROLD L. LEININGER	SR. PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	6-23-93 (date).
	C . L
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Last Marriage Ended By:

Date of birth verified by: Birth Certificate

acknowledgment because of religious beliefs.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 NoX IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated
Name of Physician Dr. W. Edwards A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under **FEMALE APPLICANT** MALE APPLICANT Comore Dr Drivers Grense cense No Yes Yes 🗌 No No Yes 🗌 Yes 🗌 No Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 Full name of applicant's father Yorman C. Poole (a) Full name of applicant's father bodney water d, so state) Triducky reign country) Hertucky Indiana (State or foreign country) Indiana The of applicant's mother. Sharon Sue Thskee nother Helen W her (if deceased, so state) Indiana so state) Induana or foreign country) Kentucki Birthplace of mother (State or foreign country) Thousand ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. HENDRICKS Isigned Katrumas. New Address 749 AUDIT oscribed and sworn to before me this 13th HENDRICKS connu howsenglerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS

Plainfield IN416/168 day of May, 1993 HENDRICKS onne Jawson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, , authorizing the marriage of _ KATRINA J. POOLE . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ___ MAY 29, 1993 I. RICHARD A. HANEY (name), certify that on _ INDIANAPOLIS County, Indiana, CHRISTOPHER R. YOUNG IN (state), and County (state) were married by me as authorized KATRINA J. POOLE HENDRICKS IN County. HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated _ Signed by: /s/ RICHARD A. HANEY PASTOR (official designation) 6-2-93 Filed and recorded in accordance with the laws of the State of Indiana on. (date). Signed ausos Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated 4-20-93 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Himelstern MD IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Annulment Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Dether (Specify) No Yes No 🗆 Yes 🗌 No 🗌 No Yes No 4 No Yes No Yes 🗆 No Yes ne of applicant's father Rechard Bardwell Gilbert (a) Full name of applicant's father William Kink Height molana Indiana applicant's mother Lee Partina Friend Indiana mother (State or foreign country) Users The above applicant has objected to verifying day of May , 19 93 day of May , 19 93 orne sawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued. and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 5-13-93 , authorizing the marriage of WILLIAM KIRK HEIZER, JR. KIMBRELY ANN GILBERT . I further certify that the following marriage certificate was filed in my office: MARVIN S. SINGLETON (name), certify that on ____JUNE 19, 1993 (date), at __INDIANAPOLIS MARION _ County, Indiana,_ WILLIAM KIRK HEIZER, JR. of_ HENDRICKS

IN

HENDRICKS

(state), and

SENIOR PASTOR (official designation)

(date).

(state) were married by me as authorized

Circuit Court

County, Indiana, dated 6-19-93

County _

HENDRICKS

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

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

KIMBRELY ANN GILBERT

Signed by: /s/ MARVIN S. SINGLETON

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

J95

No. | 95

HENDRICKS

County

File

S-14-93

Date of Application

Female Applicant 50 No Yes | 5-13-93

If No, Medical Examination of Report Dated

Name of Physician | 1. No. | 195

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

FEMALE APPLICANT MALE APPLICANT Death Divorce Annulment Death Last Marriage Ended By: Last Marriage Ended By No D Yes 🗌 No 🗹 Yes 🔲 No / Yes No 🗌 Yes 🔲 No Yes No D Yes 🗌 No Yes | No Yes 🗌 No 🗗 Yes 🗌 **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court Evansville, IN 47715 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 5-14-93 authorizing the marriage of PAUL EDWARD SIMMS County, Indiana, , authorizing the marriage of _ SARA ELAINE WENRICK . I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-19-93I, HAROLD L. LEININGER (name), certify that on . HENDRICKS (date), at BROWNSBURG
PAUL EDWARD SIMMS County, Indiana, VANDERBURGH _(state), and County SARA ELAINE WENRICK HENDRICKS IN ___ (state) were married by me as authorized _______County, Indiana, dated _______6-19-93 under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ HAROLD L. LEININGER HENDRICKS SR. PASTOR (official designation) 6-23-93 Filed and recorded in accordance with the laws of the State of Indiana on

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

Date of Application

Female Applicant 50 No Yes

If No, Medical Examination or Report Dated, 5-17-93

Name of Physician

Name of Physician

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

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

MALE APPLICANT

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Fitzgerald	Name Tracy Holland
Date of Birth Month Day Year	Date of Birth Month Day Year
2 6 65	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Washington D.C.
Residence Address Street or R.R. Street and State TN	Residence Address 9 Size of RR City County State IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Ucense	Date of birth verified by: Birth Certificate Stother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. DA	5. List the full names of any dependent children. Meagan Holland
Frank Nollan Litter	ald 6. (a) Full name of applicant's father Thomas Paul Holland
6. (a) Full name of applicant's father Joseph Hothrony Htzgen	The state of approximation of the state of t
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TN Birthplace of father (State or foreign country) MCNQQQ	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Moryone Carellas	(b) Full maiden name of applicant's mother Judith Ann Stanto
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
	ACCUSANT FROMPAT
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Joseph P. Fithgeral Date 5-14-93	Signature of Applicant Stage Holland Date 51493
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
+ Signed Joseph P. Hongeral	X Signed Thank A Holland
Subscribed and swork to before me this day of May, 1993	New Address 493
Subscribed and sword to before me this day of HENDRICKS, 1990	Subscribed and sworn to before me this day of day of 19 19 19 19 19 19 19 19 19 19 19 19 19
Clerk of the Country C	CANA O PAGE 1
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) State of Indiana) State of Indiana) State of Indiana)	State of Indiana) HENDRICKS SS:
County or	County of ID #
Father	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedizes and directs the issuance of a marriage license to the above named parties.
and med in, author	izes and directs the issuance of a marriage needs to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 5-14-93, authorizing the marriage of _	JOSEPH PATRICK FITZGERALD
and TRACY ANN HOLLAND	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on MAY 22, 1993
	inGRANTCounty, Indiana,
JOSEPH PATRICK FITZGERALD of HENDRICKS TRACY ANN HOLLAND of GRANT C	
TRACY ANN HOLLAND of GRANT Of under a marriage license that was issued by the Clerk of the Circuit Court of	County IN (state) were married by me as authorized of HENDRICKS County, Indiana, dated 5-22-93
Signed by: /s/ REV. MARTIN J. SANDHAGE	ROMAN CATHOLIC PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Λ . Ψ
	Signed Corne Jawson Clerk
	HENDBICKS

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Death 🗌 Divorce 🗌 Date of birth verified by: Birth Certificate Date of birth verified by: Birth Certificate No Yes 🗌 No 🗌 Yes 🗌 No . Yes 🗌 Yes 🗌 No 🗹 Yes 🔲 Yes 🗌 Yes 🔲 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases Clerk of Court State of Indiana I swear/affirm that the information given Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 5-14-93 , authorizing the marriage of _____DERRICK DEWITT BROWN KARLA LYNN EDWARDS __. I further certify that the following marriage certificate was filed in my office: I, THERON D. WILLIAMS _ (name), certify that on ___ JUNE 12, 1993 MARION INDIANAPOLIS _ County, Indiana,_ DERRICK DEWITT BROWN IL County _(state), and _ KARLA LYNN EDWARDS HENDRICKS (state) were married by me as authorized _ County_ under a marriage license that was issued by the Clerk of the Circuit Court of _ HENDRICKS County, Indiana, dated 5-14-93 Signed by: /s/ THERON D. WILLIAMS MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ 7-6-93 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	198	
File		
	5-17.93	

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

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

Name of Physician Warner Michael Micha

MALE APPLICANT	FEMALE APPLICANT
Name First, Middle T Last .	Name Todi hunn Brandon
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2 Colvard Ct Bourg IN	8043 Valley Farms in Indpls.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DQR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 12.17.89	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Dr. Cic,	Date of birth verified by: Birth Certificate Dother (Specify) Dr. LLO
Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? Not Yes ☐ 3. Are you now under the influence of an alcoholic beverage? Not Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Lloyd Raymond Jennings Sr.	6. (a) Full name of applicant's father Richard Wayne Brandon
(If adopted, list adoptive parents only).	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) B bycy In Birthplace of father (State or foreign country) In	Residence of father (If deceased, so state) However Son In Birthplace of father (State or foreign country) In
(b) Full maiden name of applicant's mother waith Ann lain	(b) Full maiden name of applicant's mother Dancy fard Troutman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) B bwg TN	Residence of mother (if deceased, so state) Traps The
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency cyndromes 1 11	immune deficiency syndrome).
Signature of Applicant Date 5-17-93	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 4611 ISCANDED CT VA BEACH VA 23455	Signed School School CT. VARRAC
New Address Toll Devote C. On Barter On 25435 Subscribed and swern to before me this day of Many 19 3	Subscribed and sworn to before me this day of May 19 93 23
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) State of Indiana State of Ind
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in county authoriz	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
THE RESIDENCE OF THE PERSON OF	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana, ROBERT MYRON JENNINGS
and JODI LYNN BRANDON , database of	I further certify that the following marriage certificate was filed in my office:
BRADFORD F. PURDY	(name), certify that on MAY 22, 1993
(date), at SPEEDWAY ROBERT MYRON JENNINGS of HENDRICKS	inMARIONCounty, Indiana,
TODT I VNN DRANDON	County IN (state), and ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-22-93
Signed by: /s/ BRADFORD F. PURDY	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	(date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 57 Name of Physician K. Maynark HD

MALE APPLICANT	FEMALE APPLICANT
Name Riest Middle Wassander	Name Outro Outro
Date of Birth Month Day 2/ Year 6/	Date of Birth Month 8 Day 16 Year 68
Place of Birth (State or foreign country) Huntington . In .	Place of Birth (State or foreign country) Lebanon, In.
Residence Address Bistreet gran I gity County State policy of the December of the State of the S	Residence Address Street or R.R. City County State New 10792 N 800 E Braunakurg In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dr. Aic.	Date of birth verified by: Birth Certificate Souther (Specify On. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes Ye
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Yes Yes
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth Wacasery	6. (a) Full name of applicant's father Donid It Jahnson
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) New Hoven	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lenna Mal Oldfield (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Applica. The Cult (If adopted, list adoptive parents only).
Residence of mother (if deceased, so state) New Hosen, In.	Residence of mother (if deceased, so state) Regunsday In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and/a list of the test signs for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). William Date 5/18/93	immune deficiency syndrome). Signature of Applicant Quill Quill Date 5-18
Signature of Applicant	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address Same	New Address 7861 Big HOVN YR Jodgls 46214
Subscribed and sworn to before me this day of HENDRICKS 19 93 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, KEVIN LYNN WACASEY
andJULIE JO JOHNSON	I further certify that the following marriage certificate was filed in my office:
I, REV. ROBERT LARRY HALLETT (date), at WHITESTOWN	(name), certify that on JULY 10, 1993 in BOONE County, Indiana,
KEVIN LYNN WACASEY of MARION	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-10-93
Signed by: /s/ ROBERT LARRY HALLETT	,
Filed and recorded in accordance with the laws of the State of Indiana on	$ \begin{array}{c} $
	Signed Corne Dawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes Use If No, Medical Examination of Report Dated 5-Name of Physician 12 Mm Kduraus

_Circuit Court

MALE APPLICANT Name	FEMALE APPLICANT Name First Middle Lag
William Robert Engel	Susan Marce Holderfield
Date of Birth Month 4 Day /7 Year 66	Date of Birth Month 4 Day / 8 Year 6 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or 9.R. II Sity 1 3 County 1 State 0.00 0	Residence Address Street or R.R. + City County / State
250 1) Rack St apt 316 Nend Type, In.	250 1) Mari Stape 316 Near Figh. J.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1989	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
	- Mine.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
William Reby I know II 4 inso	Kron agran Dani d. Halderseld gives.
6. (a) Full name of applicant's father all Henry Engel .	6. (a) Full name of applicant's father John William Mc Rugh
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Fig. Cicero, In.	Residence of father (if deceased, so state) Beech Brone, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country Indiana)
(b) Full maiden name of applicant's mother Margaret Karln Wayne	(b) Full maiden name of applicant's mother Claybeth and Megm
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) New York
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndfome
Signature of Applicant Allelean of Orgal Date 5-18-9	Signature of Applicant Just 11. Fieldly Date 5-18-93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given	State of Indiana) ss:
County of HENDRICKS In-this application is true and correct.	County of HENDERCES In this application is true and correct. Signed Will All Della Control of the Control of t
New Address SAME	New Address SAME
Subscribed and sworn to be ore me this 18th day of may, 1993	Sybscribed and sworn polefore me this 18 4 day of 7hry, 19 93
Connections Clerk of the HENDRICKS Circuit Court	Connection Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
County of HENDINGS) Father ID #	County of
Mother	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 5-18-93, authorizing the marriage of	WILLIAM ROBERT ENGEL
and SUSAN MARIE HOLDERFIELD I. CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that onMAY 18, 1993
(date), atDANVILLE	(name), certify that onMAI 18, 1993 inHENDRICKS County, Indiana,
WILLIAM ROBERT ENGEL of HENDRICKS	County IN (state), and
	ountyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-18-93
Signed by:/S/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	
Thea and recorded in accordance with the taws of the state of matana on_	$ \begin{array}{cccc} 5-19-93 & (date). \\ $
	Signed Connie Fawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

Indiana State Board of Health under Authority of IC 31-7-3 APPLICATION FOR I	MARRIAGE LICENSE No. 201
<u>HEND</u>	County Tile
	5-18-93 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 15-18-93 If No, Medical Examination or Report Dated 5-18-93 Name of Physician 17 Mae, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name P First D Middle Last 1
Date of Birth Month Day Pear Pear	Date of Birth Month, Day Year Year
Place of Birth (State or foreign country) Residence Address Stylet or R.R. City County A State	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 9
Previous Marital Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 46214
	Last Marriage Ended By: Death Divorce Annulment Date
TAL OS	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ❤️ Yes ☐	4. Are you now under the influence of a narcotic drug? No√✓ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
2111	1 1 A 1 . J. O.
6. (a) Full name of applicant's father Problem Name of Applicable	Le. (a) Full name of applicant's father Challe Michael Pelle
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Induntables, In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother sandua Kay Janes	(b) Full maiden name of applicant's mother Frances Wellen Neal
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
	Call Control of the C
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases - that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrame.
Signature of Applicant 200 Squille Date 5/13/93	Signature of Applidant Woonah I allu Date 5-18-43
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed E.S. James	Signed Charles Carlo Car
New Address 129 Parael A PKur Brownsky Tr 46/12 Subscribed and sworn to prefore me this 18th day of Many 19 93	New Address 184 Parnela Par Kinay Brownsbing, IN Holla Supscribed and sworn to before me this 187 day of may, 19 23
Cornie Lawren Clerk of the HENDRICKS Circuit Court	Cornie Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS SS:	State of Indiana)
County of HENDICES ID #	County of
MotherID #	Mother ID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated <u>May 18</u> , authorizing the marriage of <u>land</u> <u>Deborah Ann Keller</u>	
I,Timothy W. Wingfield	I further certify that the following marriage certificate was filed in my office: (name), certify that on June 12, 1993
(date), at Indianapolis	(name), tertify that on County, Indiana,
Eric Dwayne Sprinkle of Hendricks	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /a/ Timothy W. Wingfield	
Filed and recorded in accordance with the laws of the State of Indiana on_	June 17, 1993 (date).

Signed

Clerk _Circuit Court

Lawson

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 5-19-93
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

Present a family processed or service control of the control of th	MALE APPLICANT	FEMALE APPLICANT
The state of the time are placed to the control of	Name Rin V First Middle Last	Name Sherry T Eaker
The desiration range worth and processing and a processin	Date of Birth Month Day Year	Date of Birth Month Day Year
Secretary Cook of the County of the Cook of the County of		
STOCK NOTE THAT THE CONTROL OF THE PART AND THE CONTROL OF THE CON	コン	Pasidoca Address Street of R.R. City County State,
The above protecting the control of the protection and the control of the control	Residence Address Street or R.R. Street or R.R. State City City County State Head	3950 N 1000 K LOT 21 Brownshurg Hend
Les pour route of the processor of the p		
Complete in Markador in the design of the complete in the complete information of policy complete in the complete information of policy complete in the complete information of policy com		Lest Marriago Sedad Pur Death D Dispres Annulment D Date & Co. J. O. A.
An you mone or have you seen tools adjudged to be of unmore mind? In John Wall In Jo	Last Marriage Ended By: Death Divorce Annulment Date Nov - YO	
As your water the industrial control processor to the control country As your water the industrial control processor to the control country As your water the industrial control processor to the control country The control country The control country The control country The control country The co	Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) License
And you want with the obtained spotant of the present or present of the present o		
If aware in "yes" has the adjustance the minimal of the control country the control of the contr	1. Are you now or have you ever been adjudged to be of unsound mind? No 🔯 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
2. And you returned the formatted and the inclinance of an ancient chief? 3. And you can written the influence of a mineral chief? 4. And you can written the influence of a mineral chief? 5. List the fold remains of any deposition of the mineral chief. 5. List the fold remains of any deposition of the mineral chief. 6. List the fold remains of any deposition of the mineral chief. 6. List the fold remains of any deposition of the mineral chief. 6. List the fold remains of any deposition of the mineral chief. 6. List the fold remains of any deposition of the mineral chief. 6. List the fold remains of any deposition of the fold		If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
A year now under the efficiency and a source may? Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. STROSEL CARE C Let the but name of epiticary them was decorated address. Address of them them was decorated and them the epiticary them. The strong epiticary them was decorated and them the epiticary them the epiticary them was decorated and them the epiticary them them them them them them them them	2. Are you related to the female applicant closer than second cousin?	
Lust the bill invented and supposition division. STROSEY EARE C Or Fall cases of designation shared by the supposition of the		
Equation of applicants table and applicants table. (a) Full name of applicants table. (b) Full name of applicants table. (c) Fall name of applicants table. (d) Full name of applicants table. (d) Full name of applicants table. (d) Full name of applicants name of applicants name of applicants name. (d) Fall names name of applicants name. (d) Full names name		51000 600
The adoption of the depotes of the service only. Residence of latery of depotes of control of the service of control of the service of the s	5. List the full names of any dependent children.	5. List the full names of any dependent children.
according that I have received information requiring dangerous communication diseases in a security instance of wheel (faste or funging course). The stations of which (faste or funging dangerous communication diseases in the secondly instruments and or funding or funging dangerous communication diseases in the secondly instruments and the station of the stations applicant has opicious of the station of the stations of		
It solones to adoption province only. Beneface of their (Blase or foreign country). Or full master man or appetrant more of septerant more of program depends and province of more (Blase or foreign country). Burispace of miner (Blase or foreign country). In adoption the solone permit entry. Burispace of miner (Blase or foreign country). Accommodationery permits only. Burispace of morter (Blase or foreign country). Accommodationery permits only. Burispace of morter (Blase or foreign country). Accommodationery permits only. Burispace of morter (Blase or foreign country). Accommodationery permits only. Burispace of morter (Blase or foreign country). Accommodationery permits only. Burispace of morter (Blase or foreign country). Accommodationery permits only. Burispace of morter (Blase or foreign country). Accommodationery permits only. Burispace of morter (Blase or foreign country). Burispace of morter (Blase or foreign country). Burispace of morter (Blase or foreign country). Accommodationery permits only. Burispace of morter (Blase or foreign country). Burispace or foreign country. Burispace or foreign country.	6 (a) Full name of applicant's father Ray Mond Eaker	6. (a) Full name of applicant's father
Residence of tamer (if deceased, so same) Insidence of the (State or Unity control) It is added, in a station person control) Residence of mother (if deceased, so same) ACHOMOREDOMET ACHOMOREDOMET		
(i) Full maction name of expotent's nother MADAD ON 10 Feb. 1 Feb. 10		Residence of father (if deceased, so state) De Ceased
(if adopted, the adoptions parents only). Presidence of momer if ceases, to state No. Bethrouse of another (Dise or covery country). ACHONICEDURITY ACHONICEDURITY		
Residence of mother (if deceased, so taken ACHONOMEDOMENT I extinoviedge that I have received information regarding designous communicable cleasess that are seasely transmitted, and a list of the less and places that are seasely transmitted, and a list of the less and places that are seasely transmitted, and a list of the less are former of deceased to everlying by out or affirmation or signature to the above actives deplocate has objected to everlying by out or affirmation or signature to the above acknowledgement begaves of religious beliefs. The above applicant has objected to everlying by out or affirmation or signature to the above acknowledgement begaves of religious beliefs. Clerk of Court COMMUNICS 28 of The application is true and current. 28 of The application. 28 of The application is true and current. 28 of The application. 28 of The a		
Berthpiace of mother (State or twosper, country) ACHONICEDOMENT ACHONICEDOMENT ACHONICEDOMENT ACHONICEDOMENT ACHONICEDOMENT ACHONICEDOMENT ACHONICEDOMENT ACHONICEDOMENT ACHONICEDOMENT I sex-rowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a last the sex last but here there is the two the virus that causes ADS (second morniced properties) The above applicant has objected to verifying by cath or affirmation or signature to the above consendation regarding dangerous communicable diseases that are sexually transmitted, and a last the sex less that the sexually transmitted, and a last the sex less that the sex sexually transmitted, and a last the sex less that the sex sexually transmitted, and a last the sex less that the sex sexually transmitted, and a last the sex less that the sex sexually transmitted, and a last the sex less that the sex sexually transmitted, and a last the sex less that the sex sexually transmitted, and a last the sex less that the sex sexually transmitted, and a last the sex less sexually transmitted, and a last the sex less sex last that are sexually transmitted, and a last the sex less sex last that are sexually transmitted, and a last the sex less sex last that are sexually transmitted, and a last the sex less sex last that are sexually transmitted, and a last the sex less sex last that are sexually transmitted, and a last the sex less sex last that are sexually transmitted, and a last the sex less sex last that are sexually transmitted, and a last the sex less sex last that are sexually transmitted, and a last that the sex less sexually the value of the sex less sex and the sex less that the variety of the sex and sex		D-2006-1
ACHOMEDOMENT I schrowledge that I have necewed information regarding dangerous communicable diseases that or sexually treamined, and a list of the set of the virus that causes ADS (sequired information regarding dangerous communicable diseases that or sexually treamined, and a list of the set sites for the virus that causes ADS (sequired information or signature to the slove applicant has objected to verifying by cash or affirmation or signature to the slove applicant has objected to verifying by cash or affirmation or signature to the abaconosistyment segues of religious bolds. One of Court The above applicant has objected to verifying by cash or affirmation or signature to the abaconosistyment segues of religious bolds. One of Court Superal Advisors The ADOVE ADDITION OF ADDITION O	Hesidence of mother (if deceased, so state)	
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the visus that causes ADS (acquired minumal beliciones) symptomes. The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above accommendation and accommendation of the control of the above applicant has objected to verifying by oath or affirmation or signature to the above accommendation and accommendation and the above applicant has objected to verifying by oath or affirmation or signature to the above accommendation and accommendation and accommendation and the above applicant has objected to verifying by oath or affirmation or signature to the above accommendation and accommendat	Distribute of finding (order of foliation)	
Subscribed and sworn to before me this	State of Indiana County of HENDRICKS Subscribed and sworn to before me this Clerk of the HENDRICKS Clerk of the HENDRICKS Subscribed and sworn to before me this Clerk of the HENDRICKS Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed In this application is true and correct. Circuit Count Consent of the HENDRICKS Signed In this application is true and correct. Circuit Count County of HENDRICKS Signed In this application is true and correct. State of Indiana Signed In this application is true and correct. Circuit Count County of HENDRICKS Signed In this application is true and correct. State of Indiana Signed In this application is true and correct. Circuit Count County of HENDRICKS Signed In this application is true and correct. State of Indiana Signed In this application is true and correct. State of Indiana Signed In this application is true and correct. Signed In this application is true and correct.	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this Other parent unnecessary CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this Other parent unnecessary State of Indiana County of HENDRICKS SS: ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, and filed in		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, to County		Subscribed and sworn to before me this day of, 19
County		The state of the s
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	and filed in authoriz	zes and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		The state of the s
and	I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana
I,	and	I further certify that the following marriage certificate was filed in my office
of County (state), and of County (state) were married by me as authorize under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated Signed by: (official designation)	I,	(name), certify that on
under a marriage license that was issued by the Clerk of the Circuit Court of	(date), at	in County, Indiana,
Signed by:	of	County(state), and
Signed by:	under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated
Filed and recorded in accordance with the laws of the State of Indiana on (date).	Signed by:	,(official designation)
	Filed and recorded in accordance with the laws of the State of Indiana on	(date).
		SignedCle
SignedCL		

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Ø If No, Medical Examination or Report Dated Name of Physician Games Black A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Last Marriage Ended By: Death Divorce Last Marriage Ended By: Drivers License Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 Yes 🔲 No Yes Yes 🗌 Yes 🗆 No 🗹 No Yes No Yes Ves Ves No Yes 🗆 No Yes (a) Full name of applicant's father Wayne Robert Hobson Ronald Curett Wodson nother Agnes Kuth Boller Sharon Sue Odom Indiana mother (State or foreign country) Hinnsylvania ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant & Doctor Clerk of Court Signed X Lynn a. Dodson New Address X 120 William Dr. Apt. A Brownsburg IN 46112 day of May , 19 93 Connie Jawan Clerk of the HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, , authorizing the marriage of _ LYNN ANN DODSON . I further certify that the following marriage certificate was filed in my office:

(name), certify that on _____AUGUST 20, 1993 (name), certify that on JOHNSON CARL McMURRAY (date), at ___GREENWOOD County, Indiana, RANDALL JAY HOBSON HENDRICKS IN County (state), and

HENDRICKS

IN

Signed

HENDRICKS

EVANGELIST

8-30-93

___ (state) were married by me as authorized County, Indiana, dated 8-20-93

_Clerk

Circuit Court

(official designation)

HENDRICKS

LYNN ANN DODSON

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ CARL McMURRAY

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	204
File _	
- 110	5-20-93

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

Female Applicant 50 No Yes 5-18-93
If No, Medical Examination of Report Dated
Name of Physician 76. Markeny, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name () First 2/ Middle 7/ Last	Name Linn annette Campbell
Date of Birth Megith 3 Day Year 9 9.	Date of Birth Month Dey 28 Year 6.5
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Calumbia Inn
Residence Address Street or R.R. Pt City Place of County of State In .	Residence Address 38 New metage Way apt 5 state 30 Aprel
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Sother (Specify) Dr. Lic	Date of birth verified by: Birth Certificate Sother (Specify) Dn. Lec.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No D Yes Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
	Christopher Gentry Complete 2/21
6. (a) Full name of applicant's father gerry theyer Newsley X	1 6. (a) Full name of applicant's father Kabert Ke, Keng
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Completion, Jenn.
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Fredagline Bushap	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Ophelia Braham
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACADOM PROMINE	ACKNOW FROMFIT
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jerry W Henry J. Date 5-20-93	Signature of Applicant Lynn A. Campbell Date 5-20-93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: ig this application is true and correct.	State of Indiana County of HENDRICKS ss: in this application is true and correct.
New Address D39 Phermitage May 630 Spe	Signed Lynn a. Campbell New Address 3 Same
Superibled and sworn to before me this 20 th day of They 19 93	Subscribed and sworn to before me this 20 th day of May , 19 23
Clerk of the NENDICKS Circuit Court	Cornel Auston Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS: Father. ID #	County of HENDRICKS SS:
MotherID #	MotherID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated 5-20-93, authorizing the marriage of	
and LYNN ANNETTE CAMPBELL DEBBIE A. HEDRICK	I further certify that the following marriage certificate was filed in my office: (name), certify that onMAY 20, 1993
(date), atDANVILLE	in HENDRICKS County, Indiana,
JERRY WAYNE HENSLEY JR. of HENDRICKS LYNN ANNETTE CAMPBELL of MARION Co	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ DEBBIE A. HEDRICK	
Filed and recorded in accordance with the laws of the State of Indiana on	5-20-93 (date).
	Cannie Lauren
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 5-21-93
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.

MALE APPLICANT	FEMALE APPLICANT
Name m. First D. P. Midgle . L. Last D. +	Name First Middle Last
Date of Birth Month, Day Year,	Date of Birth Month Day Year 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address A . Street or R.R. City County A . State	Residence Address Street or R.D. City County State
589 Willaw Dr. Danaelle In.	3250 State Rd 39 Manualle, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Processing of the second of	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes □
List the full names of any dependent children.	5. List the full names of any dependent children.
	Jessa Jann Kroney 2 yrs.
6. (a) Full name of applicant's father Larry Lynn White	6. (a) Full name of applicant's father struck dee Proney
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Dayalle Sn.	Residence of father (if deceased, so state) Jampa Al.
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mulma Ruth Swelner	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother of the Region of Applicant's mother of the Region of Applicant's mother of the Region of the
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Thomasaelle, In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Wichail P. White Date 53/1-83	Signature of Applicant Northless 19 Kaney Date 3:212
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date 5-21-83	Clerk of Court Date
	U
State of Indiana County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.	State of Indiana State of Indiana I swear/affirm that the information given in this application is true and correct.
Signed Y/Ichael P. White	Signed Kachella Kachay
New Address Subscribed and sworn to before me this 2/At day of May 19 93	New Address Subscribed and sworn to before me this 2/2t day of May 19 93
Coanic Jawan Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
County of	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
A STATE OF THE PARTY OF THE PAR	
	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cladated 5-21-93, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, MICHAEL PATRICK WHITE
and KATHLEEN MARIE ROONEY	I further certify that the following marriage certificate was filed in my office:
I, DEBRA A. HEDRICK	(name), certify that on MAY 21, 1993
(date), at DANVILLE MICHAEL PATRICK WHITE of HENDRICKS	_ inHENDRICKS County, Indiana, County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-21-93
Signed by: /s/ DEBRA A. HEDRICK Filed and recorded in accordance with the laws of the State of Indiana on	
Thea and recorded in accordance with the laws of the state of malana on	aute).
	Signed Connie Lawson Clerk
POWER FORMS & SYSTEMS LAW MALATING 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 06

HENDRICKS County File 5-21-93

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

Female Applicant 50 No Yes 1 If No, Medical Examination or Report Dated 4-29-93 Name of Physician Bunks Hart, H.D.

MALE APPLICANT	FEMALE APPLICANT
Name Matthews Steam Gradie	Name Nathrem anne Burderb
Date of Birth Month Day Year	Date of Birth Month Day 7 Year 66
Place of Birth (State or foreign country) Washington D.C.	Place of Birth (State or foreign country) Bloomington In
Residence Address Street or R.R. Cliff B. County State	Residence Address Street or R.R. Str. County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Marited OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
- On A PC	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Kerkey Suffer M	6. (a) Full name of applicant's father Kakert Burdeck
(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Lake Osuvego ORL.	(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Prairie Village, Ks.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Ralen Una XIII and	(b) Full maiden name of applicant's mother Hearth Bolds
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Harrisonaille Missa
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a fist of the test shes for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant \$\langle 5/21/93	Signature of Applicant Harvyn Burdick Date 21 May 1993
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS A ss. in this application is true and correct.	County of HENDRICKS, in this application is true and correct.
New Address 541 W. Nelson Gr. Brownsburg, IN 4H12	New Address 54/ Nelson Brown Stourg, Un
Subscribed and sworn to before me this 2/27 day of May 19 93	Subscribed and sworn to before me this 2/24 day of May 19 93
Clerk of the Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Company of the Compan
State of Indiana) County of HENDRICKS ss:	State of Indiana) Countries HENDRICKS ss:
FatherID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 5-21-93, authorizing the marriage of	MATTHEW SEAN GRIFFIN
I, PATRICK J. NURRE	I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 17, 1993
(date), at BROWNSBURG	in HENDRICKS County, Indiana,
MATTHEW SEAN GRIFFIN of HENDRICKS KATHRYN ANNE BURDICK of HENDRICKS Co	CountyIN(state), and untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-17-93
Signed by: /s/ PATRICK J. NURRE	,
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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Yes 4-21-93 Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician 18m. Kelwack M.D. circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Birth Certificate Other (Specify) No Yes Yes 🗌 No / Yes No 🗌 No Yes No M Yes 🗌 No Yes Yes 🔲 No Ves No Ves ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous co Clerk of Court Clerk of Court State of Indiana HENDRICKS HENDRICKS Maria del day of May , 19 93 HENDRICKS HENDRICKS Connect awar Clerk of the onne Jawan Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

dated 5-21-93

authorizing the marriage of ERIC CHRISTOPHER BUNTON

authorizing the marriage of

HENDRICKS

HENDRICKS

CARMEN GONZALEZ

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

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

HENDRICKS

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

(name), certify that on MAY 21, 1993

(date).

County, Indiana,_

(state), and

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated 5-21-93

HENDRICKS

County

Signed

5-21-93

County

IN

IN

HENDRICKS

1ST DEPUTY CLERK

I, CYNTHIA J. SPENCE

MARIA DEL CARMEN GONZALEZ of

DANVILLE

ERIC CHRISTOPOHER BUNTON of

Signed by: /s/ CYNTHIA J. SPENCE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 5-21-93 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 3-26-93
Name of Physician

Amus & Paland, Hi

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle A Mast	Name Thirst + 1 Middle & Last
Date of Birth Month & Day Vear 65	Date of Birth Month Day 5 Year, //
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address (Street or R.R. Cyty County 1 State 0	Residence Address Street or P.R. City County / State Co
247 n. Will St. Hungeld In	8623 Rook Rd. Indple In Marin
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
- F. Mine	- Finance.
Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? Not☑ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 💟 Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Calver Caolidge Noss	6. (a) Full name of applicant's father Thomas poeps Bustin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) OR Orole, A. Birthplace of father (State or foreign country) A Virginia
(b) Full maiden name of applicant's mother Sul Tellen Portuso	d (b) Full maiden name of applicant's mother Bernice Marie Hall
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Carlo Production of Market Court of Cour
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms).
Signature of Applicant Michael C - Dod4 Date 5-21-93	Signature of Applicant Sarreit Quality Date 5/21/93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
AND REAL PROPERTY OF THE PARTY	
State of Indiana) I swear/affirm that the information given County of HENDRICKS SS: in this application in two and correct	State of Indiana) I swear/affirm that the information given Ss: Ss: I state of Indiana I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of MENDINGS in this application is true and correct. Signed Sarrut Sunting in this application is true and correct.
New Address	New Address ZN7 N. Mill St. Glainfield, IN 46,
Subscribed and sworn to before me this 21st day of May , 19 93	Subscribed and sworn to before me this 21st day of May, 19 93
Corruit Court Clerk of the HENDRICKS Circuit Court	Cornel Zawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Ctota of Indiana	Court of Indiana
State of Indiana) County of HENDRICKS) SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	
, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 5-21-93 , authorizing the marriage of and HARRIET FAITH BUNTING	I further certify that the following marriage contifects were first in marriage
I. JARMO J. KORMU	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 26, 1993
(date), atINDIANAPOLIS	in HENDRICKS County, Indiana,
MICHAEL CALVIN DOSS of HENDRICKS	County IN(state), and
	funty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ JARMO J. KORMU	f
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1.9
	Signed Clerk Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Last Marriage Ended By: No 🗌 No / Yes Yes 🗌 No 🔽 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs Clerk of Court HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN parents of this applicant, hereby give consent for this marriage. HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated May 21, 1993 , authorizing the marriage of George J. Dennis Bauer

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

awson

HENDRICKS

(date).

June 5, 1993

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated May 21, 1993

County, Indiana,.

(state), and

(official designation)

(name), certify that on _

IN

IN

Hendricks

Minister

June 9, 1993

County

Signed

BOYCE FORMS • SYSTEMS 1-800-382-8702 147

and Linda Lenore Zinkan

Signed by: /s/ Steven T. Reeves

of_Hamilton

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

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

Hendricks

I, Steven T. Reeves

(date), at Brownsburg

Linda Lenore Zinkan

George J. Dennis Bauer

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes Seport Dated 5-24-93
Name of Physician Seport Dated 5-24-93

MALE APPLICANT	FEMALE APPLICANT
Name PA First & Middley (1882)	Name First Middle Ass
Date of Birth Month Day Year 7 8	Date of Birth Month Day a Year 12
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Stand or R.R. City County State	Residence Address Street or R.R. City County State
RRI Bay 411 Continuelle in	40 Bat 7 Stillsville, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No / Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
Dil La Banca	Thilas Cam Danis
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father William (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Contlevelle	Residence of father (if deceased, so state) Brunsburg, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Debuty unn Hample	(b) Full maiden name of applicant's mother Caral Rules Class
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Cralespille In	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Analysis of the state
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Bush for Date 5-24-93	Signature of Applicant Kachel Sun Davia Date 5-24-93
Signature of Applicant Date Date	Signature of Applicant August Maria Studies Date 3-27-73
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address POBOX 7. Stilesville IN 46180	New Address P. D. Boy 7 Stillswill, IN 46188
Subscribed and sworn to before me this 244 day of May 19 93	Subscribed and sworn to before me this 24th day of May, 19 93
Cornice Lawson Clerk of the HENDRICKS Circuit Court	Connictaure Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONCENT OF PARENTS PARENT OR CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
A PART OF THE RESIDENCE OF THE PROPERTY OF THE PARTY OF T	
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issuedtes and directs the issuance of a marriage license to the above named parties.
and med in, dution2	os and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated <u>May 24, 1993</u> , authorizing the marriage of <u>and</u> Rachel Ilene Davis	I further certify that the following marriage certificate was filed in my office:
I, Stevan W. Ranson	(name), certify that on June 6, 1993
(date), at Clayton	_ in Hendricks County, Indiana,
Brent Richard Bowen of Hendricks	
Rachel Ilene Davis of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Stevan W. Ranson	County, Indiana, dated Hay 24, 1995
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1.0
	Signed Some Jawson Clerk
POWE ENGINE - SYSTEMS 1-800-380-8700 1477	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated Name of Physician John F-Moe M.D circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Smith michigan Annulment Death Last Marriage Ended By: drivers 1 icense ucense No. Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 (a) Full name of applicant's father Herbert Smith ne of applicant's father mark Strong (if deceased, so state) Indiana e of father (State or foreign country) South Doxoto tenny wadley Shelia (if deceased, so state) Trouvana Residence of mother (if deceased, so state) MICHIGO ther (State or foreign country) Thousand Birthplace of mother (State or foreign country) + loride **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court HENDRICKS HENDRICKS onal pawson Clerk of the HENDRICKS Corne pawson Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated May 24, 1993 , authorizing the marriage of Randy L. Smith Tyann L. Strong . I further certify that the following marriage certificate was filed in my office: I. Richard L. McGhee (name), certify that on _ June 5, 1993

Hendricks

IN

IN

Minister

June 8, 1993

HENDRICKS

County

Signed

Marion

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

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

Hendricks

County, Indiana,_

(state), and

(official designation)

auson

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated May 24, 1993

(date), at ___ Brownsburg

Signed by: /s/ Richard L. McGhee

Randy L. Smith

Tyann L. Strong

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 5-24-93
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 3-29-93
If No, Medical Examination of Report Dated 3-29-93
Name of Physician Source Mettre Miles

MALE APPLICANT	FEMALE APPLICANT
Name Sirst Middle Stage	Name First Middle Magt
Date of Birth Month 6 Pay 16 Year 5.5	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address , Street or R.R. , City (County), State)	Residence, Address Street or R.R. City County State A
1636 aran ted Kend.) Pluesfield	1636 aven Rd. Hend. Hunfield
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1983
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Justin Ryan Clark Bys.
6. (a) Full name of applicant's father William Harrison Dlewar	t 6. (a) Full name of applicant's father Paul Rusko Farwate
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Territ Haute	Residence of father (if deceased, so state). The state of
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Barbara Sau Soda	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother addie Mae Disko,
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) June Vaule, San	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sarry W. Stewart Date 5-24-93	Signature of Applicant Quille M. Clark Date 5-24-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Larry W. Stewart	Signed July M. Clark
New Address Subscribed and sworn to before me this 244 day of May 1993	New Address Subscribed and sworn to before me this 244 day of May 19 93
Connil Jawan Clerk of the HENDRICKS Circuit Court	Connuctuation Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, the
and filed in authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated May 24, 1993, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
I,M. Duane Sinn	(name), certify that on June 5, 1993
	inVigoCounty, Indiana,
Julie Marie Clark of Hendricks Co	ountyIN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated May 24, 1993
Signed by: /s/ M. Duane Sinn	,
Filed and recorded in accordance with the laws of the State of Indiana on_	June 10, 1993 (date).
	Signed Connie Jawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No X Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the okenour, M.D. Name of Physician **FEMALE APPLICANT** Divorce 🔲 Birth Certificate Other (Specify) No D Yes 🗌 No 🗆 /Yes 🗆 No 🗆 No Yes No 🗸 NoV Yes 🗆 No D **ACKNOWLEDGMENT** that I have received information regarding dangerous commu Clerk of Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS

HENDRICKS

(date).

MINISTER

County, Indiana, dated 5-29-93

Clerk Circuit Court

(official designation)

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

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

Signed by: /s/ REV. R. W. THOMPSON

circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT Death Birth Certificate Other (Specify) Yes 🔲 Yes 🗌 Yes 🗌 Yes 🔲 Na Yes **ACKNOWLEDGMENT** acknowledgment because of religious beliefs Clerk of Court State of Indiana HENDRICKS day of Many Councidantson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 5-24-93, authorizing the marriage of JONATHAN WADE THOMPSON HENDRICKS _ County, Indiana, STEPHANIE SUZANNE BARNABY I, REV. ROBERT W. THOMPSON (date), at INDIANAPOLIS MARION . County, Indiana,_ HENDRICKS JONATHAN WADE THOMPSON IN County (state), and STEPHANIE SUZANNE BARNABY of HENDRICKS IN County (state) were married by me as authorized

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 214

HENDRICKS County File 5-24-93

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

Female Applicant 50 No Yes 5-18-93

If No, Medical Examination or Report Dated 5-18-93

Name of Physician ... Walker, M.D.

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Order Middle Carter	Name Christine Marie Mannett
Date of Birth Month Day / 7 Year 55	Date of Birth Month 4 Day 25 Vear 69
Place of Birth (State or foreign country) Bloomington In	Place of Birth (State or foreign country) Lebanon In.
Residence Address 4 Street or B. R. City Coupty State State . Coly Coupty State . State . State . State	Residence Address Street or R.R. Glend Brownshing In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OF No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1981	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dr. Lie	Date of birth verified by: Birth Certificate Steper (Specify) Dr. Lie
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes □
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
	2
6. (a) Full name of applicant's father Russell L. Carter	6. (a) Full name of applicant's father Ollen Lean
(If adopted, list adoptive parents only) Blankington	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Brunshurg, In-
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Yathurus /te, adams	(b) Full maiden name of applicant's mother Chaulatte Mane / Name
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Bloomington, In	Residence of mother (if deceased, so state) Brawnsburg In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome). 1 1 m mmonth 5-2492
Signature of Applicant John R. Carton Date 5-24-93	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
State of Indiana County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed On R. Carton New Address Same	New Address Le 734 MillSide Dr. Irops In 46243
Subscribed and sworn to before me this 24th day of May, 19 93	Subscribed and sworn to before me this 24% day of May, 19 93
Cornel Lawson Clerk of the HENDRICKS Circuit Court	Correct Clerk of the HENDALAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) County of HENDRICKS Ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	
	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
I certify that there was filed in my office a marriage license issued by the Claded	JOHN R. CARTER
and CHRISTINE MARIE MANNETT	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 4, 1993
I,DEBRA A. HEDRICK (date), atDANVILLE	(name), certify that on JUNE 4, 1993
JOHN R. CARTER of MARION	County IN(state), and
CHRISTINE MARIE MANNETT of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	fIN (state) were married by me as authorized fHENDRICKS County, Indiana, dated 6-4-93
Signed by: /s/ DEBRA A. HEDRICK	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	6-4-93 (date).
	Signed Connie Lawson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the . Shumacher, M.D Name of Physician ____ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Annulment Death 🗌 Last Marriage Ended By Death 🗌 Divorce 🗌 Divorce Date Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Other (Specify) Yes 🗌 No 🗆 Yes 🗌 No / Yes No D Yes 🔲 Nov Yes Not Yes Yes 🗌 No 🗹 Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court Winding Brook PR day of May Cornel Jawan Clerk of the HENDRICKS HENDRICKS (Connel dawson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, , authorizing the marriage of ____ Chad Nelson Swinford and Amy Lynn Porten . I further certify that the following marriage certificate was filed in my office: I, _ John W. Irwin (name), certify that on June 12, 1993 (date), at Plainfield in Hendricks _ County, Indiana,_

BOYCE FORMS • SYSTEMS 1-800-382-8702 14

Chad Nelson Swinford

Signed by: /s/ John W. Irwin

Amy Lynn Porten

of Hendricks

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

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

Hendricks

IN

IN HENDRICKS

Minister

June 15, 1993 (date).

County _

(state), and

(official designation)

Daw

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated May 24, 1993

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 5-25-93
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 th
circuit court when the person applies for a marriage license under
IC 31-7-3 commits a Class D felony.

Female Applicant 50 No Yes 5-19-93
If No, Medical Examination or Report Dated
Name of Physician

Harris, M.D.

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
ne DFirst Middle ## Last/	Name blinish of San Blabler
Tegan Matthew Carr	Date of Birth Month Day Year 7 5
e of Birth Month 8 Day 29 Tolar 7/	10 9 10
ce of Birth (State or foreign country)	Place of Birth (State or foreign country) Rachestas July
Sharper State	Residence Address Street or R.Py City County A State
sidence Address And Street or R.R.	327 Dridlewood & Nanville In
CT CONTROL Mariana	Previous Marital Status: Never Married OR No. of Previous Marriages
vious Marital Status: Never Married OR No. of Previous Marriages	
t Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
The Man Page	Date of birth verified by: Birth Certificate Sether (Specify)
te of birth verified by: Birth Certificate Other (Specify) N. Tie.	- Francisco.
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
Ale you now or have you ever been adjudged to a series and a series an	If answer is "yes," has the adjudication been removed?
il allower is yes, flas the adjudication been smaller	2. Are you related to the male applicant closer than second cousin?
Are you related to the remain applicant closes.	3. Are you now under the influence of an alcoholic beverage?
Are you now under the minorities of all describes	4. Are you now under the influence of a narcotic drug?
Are you now under the influence of a narcotic drug?	A. Ale you now and the minority of a factorial and the factorial a
List the full names of any dependent children.	5. List the full names of any dependent children.
E. A. A.	1/11 A. 1. A. 1.
(a) Full name of applicant's father And Warnes Carr	6. (a) Full name of applicant's father / Mush / Add / Or /
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Alunquelly The	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Judith Clan Rvan	(b) Full maiden name of applicant's mother June Can Blaucha
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Brawnshung, In	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
ACKNOWII EDCMENT	ACKNOWLEDGMENT
ACKNOWLEDGMENT	I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
mune deficiency syndrome). Programme 1/1/2014 - 5/25/92	immune deficiency syndrome). Signature of Applicant Elizabeth a. Blakyate 5-25-9.
ignature of Applicant Date	Signature of Applicant
	The state of the specific by eath or affirmation or signature to the above
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
	Stote of Indiana) I sweat/affirm that the information given
tate of Indiana) I swear/affirm that the information given	State of Historica SS:
ounty of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct. Signed Elizabeth Q - Blakery
Signed Pylem 11 Ours	New Address 363 and scott brive Browns
New Address Dame	New Address 227 277 27 27
subscribed and sworn to before me this 25 day of May, 19 93	Subscribed and sworn to before me this 25 day of May 19 93 Clork of the HENDRICKS Circuit Court
varie Tarreson Clerk of the HENDRICKS Circuit Court	Connectarism Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
HENDRICKS SS:	County of HENDRICKS ss:
ounty or	Father ID #
father ID #) auto-
Aother ID #	Mother ID # Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A manufact Basson boules have refused to the above sound parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
County	es and directs the issuance of a marriage license to the above named parties.
and filed in, authoriz	
and filed in, authoriz	DE AND MADDIAGE OFFICIALE
and filed in, authoriz	SE AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Claded May 25, 1993 authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana, Ryan Matthew Carr
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Clubated, authorizing the marriage of, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana, Ryan Matthew Carr I further certify that the following marriage certificate was filed in my office:
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl datedMay 25, 1993, authorizing the marriage of andElizabeth Ann Blakey Vincent P. Lampert	lerk of the Circuit Court of HENDRICKS County, Indiana, Ryan Matthew Carr I further certify that the following marriage certificate was filed in my office: (name), certify that on June 12, 1993
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl datedMay 25, 1993, authorizing the marriage of andElizabeth Ann Blakey I,Vincent P. Lampert	lerk of the Circuit Court of HENDRICKS County, Indiana, Ryan Matthew Carr I further certify that the following marriage certificate was filed in my office: (name), certify that on June 12, 1993 in Hendricks County, Indiana,
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl datedMay 25, 1993, authorizing the marriage of andElizabeth Ann Blakey I,Vincent P. Lampert (date), atBrownsburg Bryan Matthew Carr ofHendricks	lerk of the Circuit Court of County, Indiana, Ryan Matthew Carr I further certify that the following marriage certificate was filed in my office: (name), certify that on
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl datedMay 25, 1993, authorizing the marriage of andElizabeth Ann Blakey I,Vincent P. Lampert (date), atBrownsburg Bryan Matthew Carr ofHendricks	lerk of the Circuit Court of County, Indiana, Ryan Matthew Carr I further certify that the following marriage certificate was filed in my office: (name), certify that on
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl datedMay 25, 1993, authorizing the marriage of andElizabeth Ann Blakey I,Vincent P. Lampert (date), atBrownsburg Bryan Matthew Carr ofHendricks	lerk of the Circuit Court of County, Indiana, Ryan Matthew Carr I further certify that the following marriage certificate was filed in my office: (name), certify that on June 12, 1993 in Hendricks County, Indiana, County IN (state), and
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the CladatedMay 25, 1993, authorizing the marriage of andElizabeth Ann Blakey I,Vincent P. Lampert (date), atBrownsburg Ryan Matthew Carr ofHendricks Elizabeth Ann Blakey of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	lerk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated May 25, 1993, authorizing the marriage of and Elizabeth Ann Blakey I, Vincent P. Lampert (date), at Brownsburg Ryan Matthew Carr of Hendricks Elizabeth Ann Blakey of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Vincent P. Lampert	lerk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the CladatedMay 25, 1993, authorizing the marriage of andElizabeth Ann Blakey I,Vincent P. Lampert (date), atBrownsburg Ryan Matthew Carr ofHendricks Elizabeth Ann Blakey of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	lerk of the Circuit Court of

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician · Lauren, M.D circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Death 🗌 Annulment Last Marriage Ended By: Last Marriage Ended By Birth Certificate Other (Specify) Date of birth verified by: No No M Yes 🗌 Yes 🗌 No 0/ Yes 🗌 No 🗌 Yes 🗌 No 🗹 Yes 🗌 No Yes 🗌 No 1 Yes 🔲 No Yes 🗌 Not Yes 🔲 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court I swear/affirm that the information given HENDRICKS day of Drug, 1993 Coance Dawson Clerk of the HENDRICKS HENDRICKS Connel Jawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, dated _____ May 25, 1993 _ , authorizing the marriage of _ Brian Ross Everling and Cara Lynn Helton . I further certify that the following marriage certificate was filed in my office: (name), certify that on June 12, 1993 I. _ Jeffrey V. Boles (date), at Danville Hendricks County, Indiana,_

Brian Ross Everling

Signed by: /s/ Jeffrey V. Boles

Cara Lynn Helton

of Hendricks

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

Filed and recorded in accordance with the laws of the State of Indiana on June 14,

Hendricks

IN

HENDRICKS

Circuit Court Judge (official designation)

(state), and

Dawsor

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated May 25, 1993

County

Signed

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 5-25-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician . circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No D Yes 🗌 No 1 No D Yes 🗌 Nov / Yes 🗌 Nod No 🗸 Yes 🗌 Yes 🔲 No of mother (if deceased, so state) Merrully **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases above applicant has objected to verifying by oath or affirmation or signal The above applicant has objected to verifying by oath or affirmation or signature acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Clerk of Court day of Dany , 19 93 HENDRICKS HENDRICKS oane Lawson Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give con HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _____May 25, 1993 ____, authorizing the marriage of _____David Clee Flynn II and _ Tonya Louise Setty . I further certify that the following marriage certificate was filed in my office: I, KellvIngersoll (date), a Danville
David Clee Flynn II (name), certify that on ____June 12, 1993 Hendricks County, Indiana,_ County __ IN of Hendricks _(state), and _

IN

Minister

HENDRICKS

(state) were married by me as authorized

Circuit Court

County, Indiana, dated May 25, 1993

(official designation)

__ County ___

Tonya Louise Setty

Signed by: /s/ Kelly Ingersoll

__ of __ Hendricks

Filed and recorded in accordance with the laws of the State of Indiana on June 15, 1993 (date).

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

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes 1 Yes 1 If No, Medical Examination or Report Dated 5-12-93

Name of Physician W. Mouser

	FEMALE ADDITIONAL
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT
Randy Carson Ross	Sherley Marlene Gramlen
Date of Birth Month 6 Day 29 Year 57	Date of Birth Month Day 21 Year 60
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or B.R. City & County State	Residence Address Street or R.P. City County , State,
6020 E 917). Lat 6 Danville, In.	6020 E 917). Lat 6 Danvelle, In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1982	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Acther (Specify)
Date of Diffit Verified by. Diffit Certificate School (Specify) N.A. Ale.	Sale of Orient College Off. College of Orient Co
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	Are you related to the male applicant closer than second cousin? No Yes No Yes No Yes No Yes No Yes No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
Die Die Die	
Kandi Lynn Hass 12 yrs.	heri B. Man
6. (a) Full name of applicant's father / Cuben Nellano / Chb	6. (a) Full name of applicant's father Stadie Burge Frankles
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Cartleysburg In	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indexnapalis, In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Athelene Wilson	(b) Full maiden name of applicant's mother Lillie Mal Kvans
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Shirth April 19 19 19 19 19 19 19 19 19 19 19 19 19	Residence of mother (if deceased, so state) Interpretate, S.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Carely C Vost Date 5 25 9	Signature of Applicant Schuly Marline Alleman 5-25-9
Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss. in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed New of Vers	Signed Shilly Marlene columnia
New Address Subscribed and sworn to before me this 25th day of 70thy 19 93	New Address Subscribed and sworn to before me this 25 th day of May 1993
Cornel fawson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Gircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated May 25, 1993, authorizing the marriage of	Randy Carson Ross
	I further certify that the following marriage certificate was filed in my office:
I,Phillip J. Wate	ers (name), certify that on June 5, 1993 in Hendricks County, Indiana,
Randy Carson Ross of Hendricks	
Shirley Marlene Gramlinof Hendricks Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated May 25, 1993
Signed by: /s/ Phillip J. Waters	
Filed and recorded in accordance with the laws of the State of Indiana on_	June 8, 1993 (date).
	Signed Course Anuron
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No D IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate No Yes 🔲 No 🗹 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 / Yes 🗆 No 🗆 Yes 🗌 If answer is "ves." has the adjudication been removed? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cou No V Yes 🗌 No D/ Yes 🗌 / Yes 🗆 No D Yes 🗌 No No 🗹 Yes 🗌 No. Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous commu Harry of Mayhew Date 5-25-93 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above HENDRICKS Cornel Jawan Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued_ County , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, EUGENIA FRANCIS HUGHES . I further certify that the following marriage certificate was filed in my office:

(name), certify that on _____6-12-93 I, HAROLD L. LEININGER, II (name), certify that on HENDRICKS BROWNSBURG (date), at _ County, Indiana,. HARRY JAMES MAYHEW HENDRICKS IN County _ (state), and EUGENIA FRANCIS HUGHES of HENDRICKS IN ___ (state) were married by me as authorized .County, Indiana, dated __6-12-93 _ County _

HENDRICKS

PASTOR

(date).

(official designation)

Clerk Circuit Court

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

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

Signed by: /s/ HAROLD L. LEÍNINGER, II

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes 1 If No, Medical Examination or Report Dated 5-26-9-Name of Physician A Stegemaller, M.D. IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death 🔲 Last Marriage Ended By: Birth Certificate No Yes 🗌 No 🗌 Yes 🗌 No -No Yes No 🗂 Yes 🗌 No Yes No D Yes 🔲 No Yes **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases wring Date 5/24/93 Clerk of Court Clerk of Court Swingo xhawn & Dr. Apt#11 Wilmore KY 40390 ress 200 Broadhurst Dr. Apt 11 Wilmore, KY 40390 pscribed and sworn to before me this 264 day of Tray, 19 93 Cornie Lawson Clerk of the HENDRICKS HENDRICKS Corne Towson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

5-26-93

authorizing the marriage of SHAWN EDWARD SWINIGAN County, Indiana, SHAWN RENEE STREETMAN authorizing the marriage of . I further certify that the following marriage certificate was filed in my office: 6-5-93 ROD A. MATHEWS (name), certify that on _ INDIANAPOLIS MARION County, Indiana, SHAWN EDWARD SWINIGAN HENDRICKS (state), and SHAWN RENEE STREETMAN of VOLUSIA County (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 6-5-93 PASTOR Signed by: /s/ ROD A. MATHEWS

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

(official designation)

Circuit Court

6-23-93

Signed

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No. Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT No Yes Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗌 Yes 🗌 No Yes No U /Yes 🗆 Are you related to the female applicant closer than second cou No Ves No Yes Birthplace of mother (State or foreign country)___ **ACKNOWLEDGMENT** ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature Clerk of Court Clerk of Court day of They , 19: day of May , 19 93 HENDRICKS Connel Jawson HENDRICKS orne Tawson Clerk of the _Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, , authorizing the marriage of BRUCE RANDALL FREELAND 5-26-93 . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____ JUNE 20, 1993 and ROSA LEE MARTIN SPROUT (name), certify that on ____ REV. GEORGE PURNELL (date), at PITTSBORO County, Indiana,_ HENDRICKS BRUCE RANDALL FREELAND IN _(state), and .

ROSA LEE MARTIN SPROUT of

Signed by: /s/ REV. GEORGE PURNELL

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

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

HENDRICKS

County

HENDRICKS

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated 6-20-93

PASTOR (official designation)

Last Marriage Ended By:

Clerk of Court

and filed in.

Cornie Jawson

Death 🔲

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes If No, Medical Examination or Report Dated 5-25-93

Name of Physician Dr. Benson, M.D. IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Death 🔲 Divorce 🗌 Annulment Divorce Last Marriage Ended By Other (Specify) Other (Specify) Yes 🗌 No 🗌 Yes 🗌 No 🗌 / Yes 🔲 No Yes No W Yes 🗌 No Yes Yes 🗌 No Yes **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases SAME HENDRICKS HENDRICKS onne Jawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, , authorizing the marriage of _____JEFFREY WAYNE VAN HOOK

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

_ County, Indiana,

_(state), and

(state) were married by me as authorized

_ Clerk Circuit Court

County, Indiana, dated 5-27-93

(name), certify that on MAY 27, 1993

1ST DEPUTY CLERK (official designation)

HENDRÍCKS

IN

HENDRICKS

County

Signed

5-27-93

KRISTINA ANN PARKER

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

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

HENDRICKS

HENDRICKS

CYNTHIA J. SPENCE DANVILLE

(date), at DANVILLE
JEFFREY WAYNE VAN HOOK

KRISTINA ANN PARKER

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Applying for license. ation to a clerk of the arriage license under arriage license under Application Application

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

MALE APPLICANT	FEMALE APPLICANT
me Prirst la 4 Middle 1 Last Man ag a	Name Michelle Lynne Kabertson
te of Birth Month Day By Year / 1/	Date of Birth Month 17 May Year 17
1 3 670	Place of Birth (State or foreign country)
ce of Birth (State or foreign country) and .	Inflampales, In.
gidence Address Street or R.R. City County State	Residence Address Listreamy Pd. Brannshurg In.
536 xpurgouen M. 7 curfield	Previous Marital Status: Never Married OR No. of Previous Marriages
vious Marital Status: Never Married OR No. of Previous Marriages	
t Marriage Ended By: Death Divorce Annulment Date 1990	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Sevener (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Dr. Lice
, and the contract of the cont	
	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes" has the adjudication been removed? No ✓ Yes □	If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
I wood Thanner Margan	6. (a) Full name of applicant's father James Clayton Robertson
(a) Full name of applicant's father Samuel Warsen Manager	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Allfandia,	Residence of father (if deceased, so state) Toronshung, in.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mary Prize Flynn	(b) Full maiden name of applicant's mother Patricia and The
(If adopted, list adoptive parents only) Registence of mother (If deceased so state) Allfordura	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
residence of motion (in december, or state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Distiplace of motion females in the grant and an arrangement of the control of th
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome) Deficient F MANIANA 5-27-93	immune deficiency syndrome). Michelle L. Kobertoon pate 5/27/93
gnature of Applicant Date	Signature of Applicant Trocket 11. No 4 5 6 6 7 Date
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana) I swear/affirm that the information given
State of Indiana I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss:
Signed Kobert F. Wayyu	signed Michelle L. Kovertown
New Address SAME	New Address 6536 Springview Drive Plannield,
subscribed and sworn to before me this 274 day of May 19 93	Subscribed and sworn to before me this 27th day of May, 19 73 Canada August Clark of the HENDRICKS Circuit Court
Clerk of the HENDRICKS Circuit Court	Connie Jawan Clerk of the HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state of Indiana) ss:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of
ather ID #	Father ID #
Aother ID #	Mother ID # Subscribed and sworn to before me this day of, 19
subscribed and sworn to before me thisday of, 19Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authori	izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
lated May 27, 1993, authorizing the marriage of _	Robert Flynn Morgan
md Michelle Lynne Robertson	I further certify that the following marriage certificate was filed in my office:
Lloyd D. Baugues	(name), certify that on June 12, 1993
(date), at Indianapolis	inMarion County, Indiana,
Robert Flynn Morgan of Hendricks	
winder a marriage license that was issued by the Clark of the Circuit Court	County IN (state) were married by me as authorized of HENDRICKS County, Indiana, dated May 27, 1993
Signed by:/s/_Lloyd D. Baugues	
Filed and recorded in accordance with the laws of the State of Indiana on_	June 15, 1993 (date).
	1.0
	Signed Connie Frewson Clerk
	HENDBICKS Commit Commit

_Clerk Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated
Name of Physician A Sesak IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT

Pesidener Address Street or R.R. Buy 1 County 2 State	Residence Address / Street or R.R. City / County States
12#1 Det 497 Contesville, In.	12# 1 Bux 497 Casteraille, In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Grifficate Other (Specify)
I. Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Luther Monrae Rollo	6. (a) Full name of applicant's father Finkie Lee Henders
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Pace, Fluida	Residence of father (if deceased, so state) Craftwelle
Birthplace of father (State or foreign country).	Birthplace of father (State or foreign country), Sudiana
(b) Full maiden name of applicant's mother Frances Marie Jaseph	(b) Full maiden name of applicant's mother Disela Kay Sueck
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) The Haufe	Residence of mother (if deceased, so state) Controlled Sa
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Rex R Rollo Date 5-28 93	Signature of Applicant Patricia R Houderson Date 5-28
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information giver ss:
County of REVERICES in this application is true and correct. Signed Rev R Rollo	County of HENDARCAS R Hand enson in this application is true and correct signed Polyticia R Hand enson
New Address SAME	New Address SQ mg
Subscribed and sworn to before me this 28 day of May 19 93	Subscribed and sworn to before me this 28 th day of May , 19 93
Coance daws Clerk of the HENDRICKS Circuit Court	Carrie James on Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
	PERSONAL PROPERTY OF STREET STREET, STREET STREET, STR
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of	REX RANDALL ROLLO
and PATRICIA RENATE HENDERSON	I further certify that the following marriage certificate was filed in my office
KEVIN GAUGLER	(name), certify that on JUNE 19, 1993
(date), at COATESVILLE	in HENDRICKS County, Indiana,
REX RANDALL ROLLO of HENDRICKS	County IN(state), and
RICIA RENATE HENDERSON of HENDRICKS Co	ountyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ KEVIN KENT GAUGLER	

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

Street or Inc. Stre	Name First
Sirch (State or foreign country) Marches County State	Place of Birth (State or foreign country) Aberdee Maryland
Sirch (State or foreign country) Marches County State	Place of Birth (State or foreign country) Residence Address Sirrect or R.R. City County State Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 99 / One of birth verified by: Birth Certificate Other (Specify) Divorce Annulment No Yes Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only)
Marital Status: Never Married OR No. of Previous Marriages Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 99
Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1991 Date of birth verified by: Birth Certificate Other (Specify) Divorce No Yes If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Parl Rya Black (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother Order (If adopted, list adoptive parents only)
ising Ended By: Death Divorce Annulment Date 1987 In the verified by: Birth Certificate Other (Specify) D. Leo. The you now or have you ever been adjudged to be of unsound mind? In yes, has the adjudication been removed? The you rejude to the female applicant closer than second cousin? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of a narcotic drug? The you now under the influence of a narcotic drug? The you now under the influence of an ancotic drug? The you now under the influence of an ancotic drug? The you now under the influence of an ancotic drug? The you now under the influence of an ancotic drug? The you now under the influence of an ancotic drug? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the influence of an alcoholic beverage? The you now under the adjudication been removed? The you now under the adjudication been remove	Date of birth verified by: Date of policy of the output of the order of the
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re you now or have you ever been adjudged to be of unsound mind? No Yes	Date of birth verified by: Birth Certificate Other (Specify) 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 Pearl Mya Black (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Deceased, Secondary (If adopted, list adoptive parents only) (b) Full maiden name of applicant's mother Secondary Ordella (If adopted, list adoptive parents only)
re you now or have you ever been adjudged to be of unsound mind? No Yes	Date of birth verified by: Birth Certificate Other (Specify) 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 Pearl Mya Black (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Deceased, Secondary (If adopted, list adoptive parents only) (b) Full maiden name of applicant's mother Secondary Ordella (If adopted, list adoptive parents only)
re you now or have you ever been adjudged to be of unsound mind? No Yes answer is "yes," has the adjudication been removed? No Yes re you related to the female applicant closer than second cousin? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of a narcotic drug? No Yes re you now under the influence of a narcotic drug? No Yes re you now under the influence of a narcotic drug? No Yes re you now under the influence of a narcotic drug? No Yes re you now under the influence of a narcotic drug? No Yes re you now under the influence of a narcotic drug? No Yes re you now under the influence of a narcotic drug? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes re you now under the influence of an alcoholic beverage? No Yes No Y	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No yes \ Yes \ Yes \ No yes \ Yes \ No yes \ Yes \ List the full names of any dependent children. 6. (a) Full name of applicant's father Pearl legal Black (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother of the parents only) (If adopted, list adoptive parents only)
answer is "yes," has the adjudication been removed? re you related to the female applicant closer than second cousin? re you now under the influence of an alcoholic beverage? re you now under the influence of a narcotic drug? re you now under the influence of a narcotic drug? No Yes Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Pearl Mysa Black (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 Condens only)
answer is "yes," has the adjudication been removed? re you related to the female applicant closer than second cousin? re you now under the influence of an alcoholic beverage? re you now under the influence of a narcotic drug? re you now under the influence of a narcotic drug? No Yes Yes	If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes 1. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
answer is "yes," has the adjudication been removed? re you related to the female applicant closer than second cousin? re you now under the influence of an alcoholic beverage? re you now under the influence of a narcotic drug? re you now under the influence of a narcotic drug? No Yes Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Fearl Mya Black (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 Contact (If adopted, list adoptive parents only)
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re you now under the influence of a narcotic drug? No. Yes A. Full name of applicant's father Pure Public Steagall (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) ACKNOWLEDGMENT owledge that I have received information regarding dangerous communicable diseases	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Pearl Rya Black (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
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(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother Hannah Quusenberrey (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT owledge that I have received information regarding dangerous communicable diseases	6. (a) Full name of applicant's father Pearl Rysa Blacks (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 Costeau, Ordella (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother Annah Quisenberry (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT owledge that I have received information regarding dangerous communicable diseases	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother contents only) (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother Annah Quisenberry (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT owledge that I have received information regarding dangerous communicable diseases	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother contents only) (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother Annah Quisenberry (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT owledge that I have received information regarding dangerous communicable diseases	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother content of the content
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother Annual Quisenberry (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT owledge that I have received information regarding dangerous communicable diseases	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother content, Ordella (If adopted, list adoptive parents only)
Birthplace of father (State or foreign country). Full maiden name of applicant's mother Hannah Quisenberry (If adopted, list adoptive parents only). Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country). ACKNOWLEDGMENT owledge that I have received information regarding dangerous communicable diseases.	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Costeau, Ordella (If adopted, list adoptive parents only)
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owledge that I have received information regarding dangerous communicable diseases	Birthplace of mother (State or foreign country)
owledge that I have received information regarding dangerous communicable diseases	
	ACKNOWLEDGMENT
sexually transmitted, and a list of the test sites for the virus that causes all stacoured	I acknowledge that I have received information regarding dangerous communicable diseases
	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
1.1.000 T Hamman 6,0000	Signature of Applicant rearl & Chicola Date 3/28/2
pove applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the abov
ledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Court Date	Clerk of Court Date
HENDRICUS SS:	State of Indiana) I swear/affirm that the information giver
of MENDICAS in this application is true and correct. Signed Willard To Stagett	County of RENDERAL & Character in this application is true and correct Signed Reval & Character Signed
New Address SALTE	New Address P. P. Dok 118 Coalsville In
bed and sworn to before me this 28 a day of may 19 93	Subscribed and sworn to before me this 280 day of May , 19 93
nul James Clerk of the HENDRICKS Circuit Court	Conside Factor Clerk of the HENDRICKS Circuit Cour
NT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
cts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
HENDRICKS SS:	State of Indiana) HENDRICKS SS:
	County or
(HONO) - HONO -	Father ID # Mother ID #
	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this day or, 19Cler
	Certain Control of the Control of th
PLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A n	narriage license having been refused to the above named parties, the
County	Court, by written order issued
iled in, authorizes a	and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENSE	
tify that there was filed in my office a marriage license issued by the Clerk	of the Circuit Court of HENDRICKS County, Indiana,
PEARL LOUISE CHICOLA	I found a consist about 1 C.H.
MABEL M. CLIFFORD	I further certify that the following marriage certificate was filed in my office. — (name), certify that on JUNE 12, 1993
TND TANA DOL TO	m MARION County, Indiana,
	ounty IN (state), and
TARR THE CHILDREN	(state), and
LLARD LEE STEAGALL of HENDRICKS Co	
LLARD LEE STEAGALL of HENDRICKS Co ARL LOUISE CHICOLA of MARION County of a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated 0 22 50
LLARD LEE STEAGALL of HENDRICKS Co ARL LOUISE CHICOLA of MARION County of a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated 5 22 55
LLARD LEE STEAGALL of HENDRICKS Co ARL LOUISE CHICOLA of MARION County	F THE SALVATION ARM official designation)
LLARD LEE STEAGALL of HENDRICKS Co ARL LOUISE CHICOLA of MARION Country a marriage license that was issued by the Clerk of the Circuit Court of dby: /s/ MABEL M. CLIFFORD, BRIG. OFFICER O	F THE SALVATION ARM official designation)

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No

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

Laurin, M.D. Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
Name Rousiel Wellear Collins	Sylme Signal Signal Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Date of Birth Month Day Year 1974 Place of Birth (State or foreign country)
Indiana	Millara
Residence Address Street or R.R. City County State 3190 W. 200 S., Dexville Herdeinky, Priciana	Residence Address Street or R.R. Str
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married NOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by:	Date of birth verified by: Grifficate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ Yes □
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father William H. Collins	6. (a) Full name of applicant's father Darrell Calegne Money
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indicara
Birthplace of father (State or foreign country) California	Birthplace of father (State or foreign country) Indiana (h) Full maiden name of applicant's mother Warie Total Kitts
(b) Full maiden name of applicant's mother Manage C. Kimberling	(b) Tall Madel Malle of applicants motion 1/2
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Avolidad
Birthplace of mother (State or foreign country) Verglacia	Birthplace of mother (State or foreign country) Colesconsein
Signature of Applicant Date 5-28-93 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	immune deficiency syndrome). Signature of Applicant & Rebecca Sue Money Date 5-28-4 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed A Source Wills Dr. Marketon formation given to before me this 26 day of Marketon formation given to before me this 26 day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Arbucca Sue Male Opple New Address Sane as Male Opple Subscribed and sworn to before me this 28 day of May 19 Clerk of the HENDRICKS Circuit County of I swear/affirm that the information give in this application is true and correct in the correct
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign:
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS SS:	State of Indiana) HENDRICKS ss:
FatherID #	County of
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in authorize:	s and directs the issuance of a marriage license to the above named parties
	and directed the leadannee of a marriage monitor to the above married parties
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the Cler	
	RONNIE WILLIAM COLLINS
dated 5-28-93, authorizing the marriage of	
dated, authorizing the marriage of andREBECCA_SUE_MONEY	I further certify that the following marriage certificate was filed in my office
dated 5-28-93 , authorizing the marriage of and REBECCA SUE MONEY I, A. W. FARNSWORTH IV	(name), certify that onJUNE 18, 1993
dated 5-28-93 , authorizing the marriage of and REBECCA SUE MONEY I, A. W. FARNSWORTH IV (date), atDANVILLE	in HENDRICKS County, Indiana,
dated 5-28-93 , authorizing the marriage of and _REBECCA SUE MONEY I, A. W. FARNSWORTH IV (date), atDANVILLE RONNIE WILLIAM COLLINS of HENDRICKS (ACCOUNTY)	in HENDRICKS County, Indiana, CountyIN (state), and
dated 5-28-93 , authorizing the marriage of	(name), certify that onJUNE18,1993 inHENDRICKS
dated 5-28-93 , authorizing the marriage of	
dated 5-28-93 , authorizing the marriage of	(name), certify that on JUNE 18, 1993 in HENDRICKS
dated 5-28-93 , authorizing the marriage of	

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Ses If No, Medical Examination or Report Dated Name of Physician Supply Fuller

MALE APPLICANT	FEMALE APPLICANT
Name BRIAN LEE SCOBEC	Name MICHELLE LYNN LAWSON
Date of Birth Month Day Year MARCIT 30 1960	Date of Birth JANUARY 26 1974
Place of Birth (State or foreign country) GREENCASTLE, PUTNAM CO. IN	Place of Birth (State or foreign country) DANVILLE, HENDRICKS COUNTY IN
Residence Address Street or R.R. City Country State 4/624/	Residence Address Street or R.R./ City County State /
6015 CHESHIKE RU, HVIA INOPES	
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) DRIVERS LICENSE	Date of birth verified by:
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes No Yes No Yes No	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	4. Are you now under the influence of an accordic developer. No The Yes The State of the Influence of an accordic drug?
5. List the full names of any dependent children.	5 List the full names of any dependent children
NONE	None
10001 155 SCOBER	6. (a) Full name of applicant's father ROBERT YINCEUT LAWSON
6. (a) Full name of applicant's father LARRY LEE SCOBER	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother PATRICIA LOUISE DHVER	(b) Full maiden name of applicant's mother BRENDA MARCENE COTTON
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
residence of moties (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Brian L Scobel Date (5-28-93)	Signature of Applicant Amichael Sawson Date x5-78-93
Date (Same of the Assession
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Brian L Scobel New Address X SAME	Signed AMichallad Junson New Address X 6015 Cheshine Rd, Apt. A, Indols IV
New Address & SAME Subscribed and sworn to before me this 38th day of Mark 19 93	Subscribed and sworn to before me this 20 day of Mary, 19 93 46241
Corrue Rauss Clerk of the HENDRICKS Circuit Court	Court Court Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	MotherID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 5-28-93, authorizing the marriage of	BRIAN LEE SCOBEE
and MICHELLE LYNN LAWSON	I further certify that the following marriage certificate was filed in my office:
I, REV. TONY W. RIGGEN	(name), certify that on JUNE 5, 1993
(date), at NORTH SALEM BRIAN LEE SCOBEE of PUTNAM	inHENDRICKSCounty, Indiana,
WIGHTIE I WAN I WIGHT	County IN (state), and punty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-5-93
Signed by: /s/ TONY W. RIGGEN	,
Filed and recorded in accordance with the laws of the State of Indiana on_	
	P. P.
	Signed Ornie dairson Clerk
ADVICE CODIC - SYSTEMS LAMASSATOD 1477	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. (DAVID FEBAK, M.D.) MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Other (Specify) No Yes No / Yes No 🗆 Yes 🔲 Yes 🔲 No Yes Yes 🗌 Yes 🔲 ACKNOWLEDGMENT day of Dany , 19 73 Subscribed and sworn bawson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ _ County, Indiana, May 28, 1993 authorizing the marriage of Allen Ray Mink Christina Shawn Chasteen . I further certify that the following marriage certificate was filed in my office: I, George F. Kehler June 12, 1993 (name), certify that on ___ (date), at ____ Danville in Hendricks County, Indiana,_

Hendricks

Hendricks

County _

_ County _

IN

HENDRICKS

Minister

June 15, 1993 (date).

(state), and _

(official designation)

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated May 28, 1993

Allen Ray Mink

Christina Shawn Chasteen

Signed by: /s/ George F. Kehler

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 230

File 5-28-93

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 A Yes I S-25-93

If No, Medical Examination or Report Dated 5-25-93

Name of Physician . Welgan Do

MALE APPLICANT	FEMALE APPLICANT
Name First Middle 7/ Last .	Name B First B Paddle . Ist inders
Date of Birth Mortin Day Year 3	Date of Birth Month Day Year 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Addrags C Street or R.R. City, Colory Shate m ()	Residence Address // Street or R.R. / City County', State /
228 n mell St. Plunfield	332 Green St., Plainfield, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status; Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Author (Specify) D. Luci	Date of birth verified by: Birth Certificate Other (Specify)
/ 1	1 140.0100.
Are you now or have you ever been adjudged to be of unsound mind? No▼ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No / Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Nov Yes Are you now under the influence of a narcotic drug? Nov Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes ☐ Yes ☐
List the full names of any dependent children.	List the full names of any dependent children.
	0.1
6. (a) Full name of applicant's father Thomas Frank Harris	6. (a) Full name of applicant's father Novel Revi Smith
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Plyinfield, In.
Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Ruth Ann Orr	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother than the full (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Diclosed	Residence of mother (if deceased, so state) Planafield on.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant 10 My 1. Maris Date 5/28/93	Signature of Applicant Collecta & Signat
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS Ss: in this application is true and correct.
Signed Jony J. Jarris	Signed Alecca A. Snow
New Address PR Box 91 VOLAND	New Address RRA BOX 91 , POTAMO IN
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this
Section 1 and 1 an	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State Assessment Made the Control of the Chief parcial dimensional y
State of Indiana) Country of HENDRICKS ss:	State of Indiana)
FatherID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
and med in, authorize	as and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated <u>May 28, 1993</u> , authorizing the marriage of <u>and Becky Louise Sinders</u>	Tony Joe Harris I further certify that the following marriage certificate was filed in my office:
I,John c. Parsley	(name), certify that on June 4, 1993
(date), at Plainfield	_ in _ Hendricks County, Indiana,
Tony Joe Harris of Hendricks Becky Louise Sinders of Hendricks Con	
under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated May 28, 1993
Signed by: /s/ John C. Parsley	
Filed and recorded in accordance with the laws of the State of Indiana on	June 15, 1993 (date).
	Signed Connie Lourson
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes

If No, Medical Examination or Report Dated

Name of Physician Dr. J. Zoes

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name FLANKIE SCOTT HANDLON	Name DENTS G ANN ADAMS
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Place of Birth (State or foreign country)
INDPLS MARION CO. IN	TAMPA FLA. HILLS BORO CO.
Residence Address Street or R.R. Street or R.R. State 52104 PHEASANT RUN SAGINAW MI	Residence Address Street or R.R. City County State 3806 DAN JONES RD. PLAINFIELD 4616
Previous Martial Status: Never Married OR No. of Previous Marriages 48603	Previous Marital Status: Never Married ID OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify) DIRIVERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
If answer is "yes," has the adjudication been removed? No / Yes /	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes Yes Yes ✓	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
NoNE	NONE
6. (a) Full name of applicant's father HOWARD FRANCIS HANDLON	6. (a) Full name of applicant's father KENNETH MERLE Adams
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother LTNDA LEIGH PHULEY	(b) Full maiden name of applicant's mother BEVERLY ANN DAUGH
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TV
Birthplace of mother (State or foreign country) MICHIGAN	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Date x5/28/93	Signature of Applicant X Anise Com adams Date \$5/28/4
× (* (* (*) * *) * * * * * * * * * *	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: On this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X + Swell Gradlon	Signed X Xlende Chin adams
New Address & 52194 Pheasant Run	New Address \$50/04 Phe as ant Run Signaw MI 48 Subscribed and sworn to before me this 28th day of Mary 19 93
Subscribed and sworn to before me this day of May 19 9 4 HENDRICKS Circuit Court	I'm
Circuit Court	Colored Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of	State of Indiana) County of HENDRICKS ss:
Journal of Landson	
Father ID #	Father ID #
	Mother ID #
Mother ID #	
Mother ID #	Mother ID # Subscribed and sworn to before me this day of , 19
Mother ID # Subscribed and sworn to before me thisday of, 19Clerk	Mother ID # ID # ID # Clerk
Mother ID # Subscribed and sworn to before me this day of	Mother
Mother ID # Subscribed and sworn to before me this day of	Mother
Mother ID # Subscribed and sworn to before me this day of	Mother
Mother ID #	MotherSubscribed and sworn to before me thisday of 19
Subscribed and sworn to before me this	MotherSubscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me this	Mother
Subscribed and sworn to before me this	Mother
Subscribed and sworn to before me this	Mother
Mother	Mother
Subscribed and sworn to before me this	Mother
Subscribed and sworn to before me this	Mother
MotherSubscribed and sworn to before me thisday of	Mother

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 6-1-93
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 5-26-93
If No, Medical Examination or Report Dated 5-26-93
Name of Physician Senithy Arcist M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Thomas Middle Last Lies	Name Christy Marie Bellamy
Date of Birth Month 8 Day 2.3 Year 6.8	Date of Birth Month Day 13 Year 7 2
Place of Birth (State or foreign country) Saging in Mich.	Place of Birth (State or foreign country) Indianabelis In.
Residence Address River of R.R. St. City County State 1.5.7.8 Reviers St. Launew Mi	Residence Address Laber Land In Intoles States Offend by
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married A.QR.No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Dr. Lin	Date of birth verified by: Birth Certificate Auther (Specify) Dr. Lic.
1 211.0100,	
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
Of the Li	D. O. O. D. D. O. O.
6. (a) Full name of applicant's father than the second of	6. (a) Full name of applicant's father Carph Carba Settany (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Anguraum Mu	Residence of father (if deceased, so state) Indunapalis, in
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sanna San Balaer	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother state fane Bailer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sagnaw, The	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Distribute of motival (State of Friedrich 1997)
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome Signature of Applicant Page 1741/173	immune deficiency syndrome). And Bullam b page 1 04111 93
Signature of Applicant Date 1997	Signature of Applicant Criticogni Control Date Control Da
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS SS: On this application is true and correct.
New Address 7671 E. TANGUE VERDER 1 #2001 (LICSON) AZ	New Address Tel 21 E Tange Verde Se Tur 300 HZ 85715
Subscribed and sworn to before me this At day of 19 9.3	Subscribed and sworn to before me this day of 19 93
Cornie Jawson Clerk of the HENDRICKS Circuit Court	Cornic Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS SS:	State of Indiana) HENDRICKS SS:
County of ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated	I further certify that the following marriage certificate was filed in my office:
I, Stephen R. Cherry	(name), certify that on June 11, 1993
(date), atIndianapolis	inMarionCounty, Indiana,
Christy Marie Bellamy of Hendricks Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Stephen R. Cherry	f
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1-1
	Signed Clerk HENDRICKS Circuit Court
	Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated 6-3 Name of Physician 0. Leedy, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Roll First Middle Last	Name List and Law
Date of Birth Month, Day Year	Date of Birth Month Day Year 9
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Nanvelle, In.	Crawfardsaille, In.
Residence Address Street or R.R. Sity Plumbell In.	Residence Address & Street of R.R. Street of R.R. Spile Sounty & State of R.R. Che.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married AGR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1986	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) N. Lec	Date of birth verified by: Birth Certificate Other (Specify) M. dic
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
	1, 11, 11, 11
6. (a) Full name of applicant's father Robert Leon Clews	6. (a) Full name of applicant's father Stead Harlan Crug
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Juna May Middlet	(b) Full maiden name of applicant's mother Ada Dover Share
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Cambey In.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Ann hour
Signature of Applicant Date Date	Signature of Applicant / (1994) In 1994 Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS (1) ss. in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Koblet Jel News	Signed ALM DRUG
New Address 141 2 N. Vine St. Plaintield	New Address 2nd
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this and day of fine, 19 93 Connect Lawson Clerk of the HENDERICKS Circuit Court
Circuit Court	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and med in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-2-93, authorizing the marriage of	ROBERT LEE CREWS
and LISA ANN KRUG CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office:
(date), at DANVILLE	in HENDRICKS County, Indiana,
ROBERT LEE CREWS of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
T TCA ANN UDIO	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-2-93
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_	6-2-93 (date).
	Simul Connie Lauren
: : : : : : : : : : : : : : : : : : :	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First 1 1 Middle Lasty	Name II First , Middle Last
Date of Birth Bonth Day Year 11	Date of Birth Month Day 2 2 Year - //
Place of Birth (State or foreign countpr)	Place of Birth (State or foreign country)
Residence Address Street or R.Ry A City County Stape of O	Residence Address- Street or R.R. City County Vitale
344 Vestal Rd Nend Hunfield in	344 Vestal Rd. Hend Plainfield
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1980
Date of birth verified by: Birth Certificate Sother (Specify) D. Lice	Date of birth verified by: Birth Certificate Other (Specify) D. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes ☐ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
	S. Est its of any deportant smooth
6. (a) Full name of applicant's father Richard Wale Elsburn	6. (a) Full name of applicant's father Walter Diox Sr.
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Drace Viag St (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Distance of father (Otto or for in party)	Residence of father (if deceased, so state) Indyanapalis, In-
(b) Full maiden name of applicant's mother Public atthemate Myse	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Maria Covagos
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Pulity	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant During Germany Date 16-3-93	immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant Such Date 6 3 P
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.	State of Indiana State of Indiana I swear/affirm that the information given in this application is true and correct.
Signed Horge Bleury	Signed Glorya Buckett
New Address Subscribed and sworn to before me this 3Nd day of May 19 93	New Address
Connic Lawson Clerk of the HENDRICKS Circuit Court	Connections Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss:
Mother	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cla	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-11-93, authorizing the marriage of	DWIGHT THOMAS ELSBURY
and GLORIA RICKETT FRANK VAN ALLEN	I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 2, 1993
(date), at MOORESVILLE	in MORGAN County, Indiana,
CLODIA DICKERM	CountyIN(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-2-93
Signed by: /s/ FRANK VAN ALLEN	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-4-93 (date).
	Signed Connie Lawson Clerk
Anunc Englist & SYSTEMS 1.800.592.8702 1477	HINDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County 6-3-93 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

MALE APPLICANT	FEMALE APPLICANT
Name C First / Migdle / Last /	Name First , Middle /) Last
Date of Birth Date of Birth Day Year Year	Date of Birth Month Day Year
6 2 52	1 14 52
Place of Birth (State or foreign country) Indurabalis In.	Place of Birth (State or foreign country) Indianapalix In
Residence Address 9 7 3 8 7 1	Residence Address 9 7 Street or R.R. City County County of Store Long
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date 199/
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) D. Lec.
[1975-14800]	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children
0 0 1	
6. (a) Full name of applicant's father James Kaland Brewer	6. (a) Full name of applicant's father Harry & Haward
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Cartlesburg, In-	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mattie Jane Sawaen	Birthplace of father (State or foreign country), Marie Parkel (b) Full maiden name of applicant's mother August Marie Parkel
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Dicessel	Residence of mother (if deceased, so state) Hittshara
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Michael Author Date 6/3/93	Signature of Applicant Sin La Son Brewer Date & 3-9.
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	Old A Country of the
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICAS in this application is true and correct. Signed Mi-Chael A Signed	Signed Signed Sou Brower
New Address Same	New Address Same
Subscribed and sworn to before me this day of HENDRICKS	Superibed and sworn to before me this 314 day of June 19 93
Clerk of the HENDRICKS Circuit Court	Connie Dawson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
COMPLETE IE MARPIAGE LICENSE ISSUED BY OPDER OF COURT	A marriage license having been refused to the element
	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated June 3, 1993 , authorizing the marriage of	Michael Anthony Brewer
and Linda Lou Brewer	I further certify that the following marriage certificate was filed in my office:
I, Steven L. Thompson (date), at Danville	(name), certify that on June 5, 1993 in Hendricks County, Indiana,
Michael Anthony Brewer of Hendricks	County IN (state), and
Linda L. Brewer of Hendricks Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Steven L. Thompson	
Filed and recorded in accordance with the laws of the State of Indiana on	
The state of the s	0
	Signed Counce Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Never Married OR No. of Previous Marriage Last Marriage Ended By: No Yes 🗌 No Yes 🗌 No 🗆 Yes 🗌 No 🗌 Yes 🗌 No Yes 🗌 No 🗹 Yes 🗌 No Yes 🗆 No 🗹 Yes 🗌 No/D Yes 🔲 ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature New Address 1549 HARDINCT PLAINFIELD, ILA
d sworn to before me this 31th day of CHURL, 19 93
ML DANNE Clerk of the HENDRICKS Connie Jawan Clerk of the Connie Lawson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

_ , authorizing the marriage of _ Gordon Lee Helms

_ of _ Marion

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

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

of Hendricks

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

_(state), and _

(official designation)

Lawson

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated June 3, 1993

_ (name), certify that on _____June 12, 1993 Hendricks County, Indiana,_

HENDRICKS

June 15, 1993 (date).

Minister

dated __ June 3, 1993

(date), at Plainfield Gordon Lee Helms

Judy Ethel Briggs

and __ Judy Ethel Briggs

I. William R. Clayton

Signed by: /s/ William R. Clayton

and filed in.

(state) were married by me as authorized

Clerk Circuit Court

_County, Indiana, dated 6-4-93

(official designation)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 237 **HENDRICKS** Female Applicant 50 Yes IC 31-7-9-1. Furnishing false information upon applying for license. No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce 🗌 Last Marriage Ended By Birth Certificate No d yes □ Yes 🔲 No 🗌 Yes 🗌 No 🗌 Yes 🔲 No No 🔽 Yes 🗌 Yes 🗌 No Yes 🗆 Nov Yes 🗌 No D Yes 🔲 ACKNOWLEDGMENT 06-04-93 day of JAME CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of __ County, Indiana, , authorizing the marriage of _ 6-4-93 BRENT MICHAEL KIEFER . I further certify that the following marriage certificate was filed in my office: ANDREA LEIGH CONOUR REX E. BAKER _ (name), certify that on ___JUNE 12, 1993 HAMILTON County, Indiana,_ CARMEL (date), at ____ BRENT MICHAEL KIEFER HENDRICKS County _ _(state), and _ IN

HENDRICKS County

HENDRICKS

JUNE 25, 1993 (date).

JUDGE, PRO TEM

ANDREA LEIGH CONOUR

____ of___

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 238 HENDRICKS County Female Applicant 50 No IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT arres Last Marriage Ended By: No No D Yes 🗆 Yes 🗌 Yes 🗌 No 🗆 / Yes 🗆 No -No M / Yes 🔲 / Yes 🗌 NoD Yes 🗌 / Yes 🗌 Yes 🗌 No Yes ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court HENDRICKS Connie Lawren CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, dated ____June 4, 1993 ____, authorizing the marriage of ___James Wesley Norris and Danita Lynn Dieren _ . I further certify that the following marriage certificate was filed in my office: Cindy Spence June 4, 1993 _ (name), certify that on ___ (date), at Danville in Hendricks _ County, Indiana,_ _ of_ Hendricks James Wesley Norris IN County ___ _(state), and _ _ of ___ Hendricks _ (state) were married by me as authorized Danita Lynn Dieren __ County ___ HENDRICKS County, Indiana, dated June 4, 1993 under a marriage license that was issued by the Clerk of the Circuit Court of _ 1st Deputy Clerk (official designation)

Signed by: /s/ Cindy Spence

Filed and recorded in accordance with the laws of the State of Indiana on June 11, 1993 (date).

Clerk Circuit Court

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated June 4, 1993

(official designation)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** No A Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated Name of Physician Dr. R. Hansal A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Sheller Church Illinois Annulment Date 1990 Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Drivers ucense No Yes Yes 🔲 No Yes Not Yes 🗌 Yes 🔲 No Yes | Yes 🔲 (a) Full name of applicant's father for man Shelley Full name of applicant's father John Church Janet Marie Selch Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above I swear/affirm that the information given HENDRICKS IN ST O DANVILLE Conne Jawson clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated ____ June 4, 1993 , authorizing the marriage of Patrick K. Shelley and Elizabeth A. Church . I further certify that the following marriage certificate was filed in my office: (name), certify that on __ June 5, 1993 John W. Irwin (date), at Plainfield in Hendricks County, Indiana,_ Patrick K. Shelley County _ IN of Hendricks (state), and _

Elizabeth A. church

Signed by:/s/ John W. Irwin

of Hendricks

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

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

County ____

Signed

HENDRICKS

, _ Minister

June 8, 1883

Signed by: /s/ Kenneth Taylor

Filed and recorded in accordance with the laws of the State of Indiana on June 16, 1993 (date).

Lawson

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes 5-25-93
If No, Medical Examination or Report Dated 5-25-93

A Physician Seresa Trierweiter IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death 🗌 Annulment Last Marriage Ended By: Last Marriage Ended By Date of birth verified by: Birth Certificate No Yes Yes 🗌 No 🗌 No 🗌 Yes 🗌 Yes 🗆 No Nota Yes 🗌 No Yes | Yes 🗌 ynthia ann Ferguson 18 yrs Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana w 350 DANVILLE day of pene Cornie Lawson HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated ____ June 4, 1993 , authorizing the marriage of ____Jon _James Ferguson Martha Mary Schmitt _ . I further certify that the following marriage certificate was filed in my office: Kenneth Taylor (name), certify that on June 13, 1993 (date), at Indianapolis _ County, Indiana,_ Jon James Ferguson of Hendricks _ County __IN _(state), and _ Martha Mary Schmitt of Marion _ County ____ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _County, Indiana, dated _ June 4, 1993 , Catholic Priest (official designation)

_ Clerk Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Terri G. Brown, M.S.

MALE APPLICANT	FEMALE APPLICANT
Name LSS First To Middle Last	Name J First Middle Cast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Addfiles Street or R.P. City County States	Residence Andress Steel of R.R. City County State
RR 2 Bax 299-1 Chaeten In.	RR2Bax299-1 Clayton, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date 1992
- V NO-	- A) D:
Date of birth verified by: Birth Certificate Souther (Specify) W. T. T. C.	Date of birth verified by: Birth Certificate Other (Specify) an. Tic.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes ☐ Yes ☐
5. List the full names of any dependent children,	List the full names of any dependent children.
Leifallen Kelso 14 yrs.	angela Callens 6 yrs.
Jennifer Lynga Kelso 13 Ms.	Daniel Cillens 3 yrs.
6. (a) Full name of applicant's father TAUC C. [Celson [1]]	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) form (all the selection of father (if deceased, so state) burnerstle. In.
Birthplace of father (State or foreign country) Indiana,	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Clara Jean Bailey	(b) Full maiden name of applicant's mother anita manus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 6-4-93	immune deficiency syndrome). Signature of Applicant
	orgination of Approximation of the second of
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed SAM Z	Signed Jerdia Mallin
New Address	New Address South & Subscribed and sworn to before me this
Minies Daws Clerk of the HENDRICKS Circuit Court	Lener gusen Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state lacts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of <u>HENDRICKS</u>) ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in County authoriz	es and directs the issuance of a marriage license to the above named parties.
A THE RESIDENCE AND A STREET OF THE PARTY OF	Both Call Reported Control of the Part of the Call Call Call Call Call Call Call Cal
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	Teffrey Lewis Kelso County, Indiana,
datedJune 4, 1993, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Cynthia J. Spence	(name), certify that on June 7, 1993
(date), atDanville	_ in Hendricks County, Indiana,
	County IN (state), and
Teresa Ann Collins of Hendricks Col	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Cynthia J. Spence	
Filed and recorded in accordance with the laws of the State of Indiana on	June 7, 1993 (date).
	0 - 0 1
	Signed Counce Lawson Clerk
	HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 APPLICATION FOR MARRIAGE LICENSE No. 242	
HEND	DRICKS County File
	6-4-93 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 2-16-83 Name of Physician — Acous Measure
MALE APPLICANT Name / // First Middle Last /	FEMALE APPLICANT Name First Middle 1 / Last
Date of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 10-3-91 Date of birth verified by: Birth Certificate Other (Specify)	Date of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County B State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Q Date of birth verified by: Birth Certificate Dother (Specify) Divorce Country B State Annulment Date Q
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 2 - Tyler Lyncy 6. (a) Full name of applicant's father Robert Rellegement Solly.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Arabeta Rudder (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother June Lloyd Tohnso (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). William R Helly Date 6-4-93	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Supscribed and sworn to before me this Clerk of the Clerk of the I swear/affirm that the information given the in	State of Indiana County of HENDRICKS Signed New Address Sepscribed and-sworn to before me this HENDRICKS Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of	State of Indiana County of
County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-4-93 , authorizing the marriage of and FAYRENE L. KELLY	WILLIAM B. KELLY
I, STEVEN MAXIE	I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 4, 1993
(date), atINDIANAPOLIS WILLIAM B. KELLY of HENDRICKS	_ in MARION County, Indiana,
FAYRENE L. KELLY of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ STEVEN D. MAXIE Filed and recorded in accordance with the laws of the State of Indiana on	

__ (date).

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 243

HENDRICKS

County

Date of Application

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Jason Ray Lawson Date of Birth Month Day Year	Date of Birth Month Day, Year
Date of Birth Morting Day real	12 19 74
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
308 Menley Dr. Plainfield, Hend IN.	2377 Gibbs Rd Plainfield, Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages .	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ✓	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clifford Ray Nawson	6. (a) Full name of applicant's father HOGOLD Wayne Wingles
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TN	Residence of father (if deceased, so state) FN
Birthplace of father (State or foreign country) IN	Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Norma Jean Garvin	(b) Full maiden name of applicant's mother COUNTE Sue MINOLD
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) ————————————————————————————————————
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicants Moon & Courses Date 6/7/93	Signature of Applicant Shelly K. Wingle Date 6-7-9-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed Moon Koamean	Signed Shelly K. Windler
New Address	New Address
Subscribed and sworn to before me this day of to 93	Subscribed and sworn to before me this day of
Connie Sausanclerk of the HENDRICKS Circuit Court	Come Country Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MADDIACE LICENSE ISSUED BY ORDER OF COURT	A manifest linear basis base of said to the characteristic in
	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	and an object to the local local and the manage works to the above manifed parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-7-93, authorizing the marriage of	JASON RAY LAWSON
and SHELLY KAY WINGLER	I further certify that the following marriage certificate was filed in my office:
I, HUBERT GREER (date), at PLAINFIELD	(name), certify that on JUNE 26, 1993
TAGON DAY TANGON	inHENDRICKS
The state of the s	County
under a marriage license that was issued by the Clerk of the Circuit Court of	total free married by me as aumorized
Signed by:/s/ HUBERT GREER	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	6-29-93 (date).
	1 . 0
	Signed Cornel Lawson Clark
	HENDRICKS CIETA
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗹 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 130X Date of Birth 01 Brownspare Never Married Death Divorce 🗌 Annulment Death Divorce Last Marriage Ended By: Date of birth verified by: Birth Certificate Bother (Specify) Date of birth verified by: Birth Certificate Other (Specify) No DV Yes 🗌 Yes 🗌 No 🗌 Yes 🔲 No 🗌 No D Yes 🗌 No D Yes 🗌 No. No A Yes 🗌 Yes 🗌 No 🔯 Yes 🗌 Yes 🗌 (a) Full name of applicant's father Richard Leonard Keffeitt Birthplace of father (State or foreign country) W. V. Camille Cross me of applicant's mother bretta Birthplace of mother (State or foreign country) W. V of mother (State or foreign country)_ ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or Clerk of Court day of June HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. County_ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of
dated 6-8-93 authorizing the marriage of MICHAEL GREG REFFEITT _ County, Indiana, , authorizing the marriage of _ SHELLY D'ANN BOX . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____ JULY 3, 1993 RICHARD L. REFFEITT I, REV. OTHO GENE BOX, REV. (name), certify that on . HENDRICKS BROWNSBURG County, Indiana, MICHAEL GREY REFFEITT HENDRICKS IN County (state), and SHELLY D'ANN BOX TARRENT TX (state) were married by me as authorized anty. Indiana, dated 7-3-93 . of_ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ OTHO GENE BOX, RICHARD L. REFFEITT County, Indiana, dated _

MINISTER

7-23-93

Signed

(official designation)

Circuit Court

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

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Lohnan	Name First Middle Last Cherul Lynn Lineberry
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
4886 Royal Troon Way PIfd.	2076 W US 36 Pendleton IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married COR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Q Other (Specify) Dr. Liv	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No S Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
5. List the full names of any dependent children.	List the full names of any dependent children
6. (a) Full name of applicant's father Joseph Francis Lohnon	6. (a) Full name of applicant's father David Killen Lineberry
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) P H I I I	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Ruby Frene Short	(b) Full maiden name of applicant's mother Wanda Kay Hallowe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) 174470	Residence of mother (if deceased, so state) Fundation in
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the abo acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed	State of Indiana County of HENDRICKS Signed K CALLY L Rulling in this application is true and correct in this application is true and correct New Address
Subscribed and sworn to before me this 8 day of 4, 19 93 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 8 day of HENDRICKS 19 93 Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
FatherID #	Father
Mother	Mother ID # ID ID # ID ID # ID
Clerk	Cle
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana, GEOFFREY SCOTT LOHMAN
and CHERYL LYNN LINEBERRY	I further certify that the following marriage certificate was filed in my office
I, RAY E. PROBASCO, JR.	(name), certify that on JUNE 26, 1993
(date), at PENDLETON GEOFFREY SCOTT LOHMAN of HENDRICKS	inMADISONCounty, Indiana,
GEOFFREY SCOTT LOHMAN of HENDRICKS CHERYL LYNN LINEBERRY of MADISON Co	County IN (state), and ounty IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ RAY E. PROBASCO, JR.	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	6-29-93 (date).
	Signed Consiel Lawson Cler
	Signed Clerk
	HENDRICKS Circuit

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File $\frac{246}{6-8-93}$ Date of Application

Female Applicant 50 No 🗆 Yes IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT McCollum Norrick DONOULD Hend Never Married OR No. of Previous Marriages Never Married OR No. of Previous Marriages Date 9 Death 🗌 Divorce 🖾 Annulment Date 88 Death Last Marriage Ended By: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Cher (Specify) Yes 🗌 No 🗹 Yes 🗌 No 🗆 Yes 🗌 No 🗌 Yes 🗌 No 🛛 Yes 🗌 No 🔽 Yes 🔲 No. Yes 🗌 No 🖾 Yes 🗌 No 🔯 Yes 🔲 No 🔽 Yes 🔲 List the full names of any dependent children. Curtis O'Nea Larnes Robert (a) Full name of applicant's father_ Residence of father (if deceased, so state) dereased JOOR e of applicant's mother Karen Full maiden name of applicant's mother Navey Louise Residence of mother (if deceased, so state), IN Birthplace of mother (State or foreign country) IN Birthplace of mother (State or foreign country) IN ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court day of fune day of June HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, , authorizing the marriage of _____DONALD BRUCE McCOLLUM REBECCA JO NORRICK _ . I further certify that the following marriage certificate was filed in my office: REV. M. S. LANE (name), certify that on _ JUNE 20, 1993 HENDRICKS (date), at BROWNSBURG County, Indiana,_ DONALD BRUCE McCOLLUM HENDRICKS IN County _ (state), and _ REBECCA JO NORRICK MARION (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 6-20-93 MINISTER Signed by: /s/ REV. M. S. LANE (official designation) 9-3-93 Filed and recorded in accordance with the laws of the State of Indiana on

Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 147.

_ Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Or, G, Kerlin, MD

MALE APPLICANT	FEMALE APPLICANT
Name Feltner Kerin allen Feltner	Name First Smiddle Brusant
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County, State	Residence Address Street or R.R. City County State
1953 Roselaun Dr. Jole Dr. Lucas, Chia	8, 8, 2 Box 204A Clayton, Granicles, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married GOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Darth Certificate Dother (Specify) Drs. Fucense	Date of birth verified by: Birth Certificate Other (Specify) Drs. Spicense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Siler	
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Amus Virnon Brugant (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Unknown	Birthplace of father (State or foreign country) Thomas
(b) Full maiden name of applicant's mother toren one Feltner	(b) Full maiden name of applicant's mother. (If adopted his adoptive parents only) The Oa Belle The American Company of the C
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(ii applied, included balance parties of the partie
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Distiplication (Clare of Interference)	Simple of motion (state of foligh country).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the Virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 6/8/93	Signature of Applicant X Justina Bulant Date (1/8/19
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of her application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed New Address Unanum	Signed X XXXVIII TYYVIII
Subscribed and sworn to before me this 8th day of 4.19 9.3	Subscribed and sworn to before me this 8-6 day of 2, 19 93
Comme Dawson Clerk of the HENDRICKS Circuit Court	Connice Sources Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID #
MotherID #	MotherID #
	Substitute and sworth to before the time
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County, authorize RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court ofHENDRICKSCounty, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl dated	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court ofHENDRICKSCounty, Indiana, Kevin A. Feltner I further certify that the following marriage certificate was filed in my office:(name), certify that onJune 8, 1993 inHendricks
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cludated June 8, 1993 Authorizing the marriage of Marriage of Cindy Spence (date), at Danville Kevin A. Feltner Kristina L. Bryant Kristina L. Bryant Of Lucas Kristina L. Bryant Kristina L. Bryant Kristina L. Bryant Of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: (Signed by: /s/ Cindy Spence	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County RETURN OF MARRIAGE LICENS Certify that there was filed in my office a marriage license issued by the Clated June 8, 1993 Authorizing the marriage of Marriage of Cindy Spence Clatel, at Danville Kevin A. Feltner Kristina L. Bryant Conder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Cindy Spence	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated June 8, 1993 , authorizing the marriage of and Kristina L. Bryant I, Cindy Spence (date), at Danville Kevin A. Feltner Kristina L. Bryant Kristina L. Bryant Of Lucas Kristina L. Bryant Of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Cindy Spence Filed and recorded in accordance with the laws of the State of Indiana on The state of Indiana on Signed and recorded in accordance with the laws of the State of Indiana on	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes I Yes I If No, Medical Examination or Report Dated 6-8-93

Name of Physician Dr. Penam, MD.

MALE APPLICANT	FEMALE APPLICANT
Name A First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Morth Day Year 67
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
136 West St., Plainfield, Hendriche, In.	136 West St. Oldled, Hendrich, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 10 - 9
Date of birth verified by: Birth Certificate Gother (Specify) Drivers Ricense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Sicence
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖂 Yes 🖂	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes □	Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Tric Christopher Carl
	Bowman, Matthew Spe Bowman
6. (a) Full name of applicant's father David Paul Thuse	6. (a) Full name of applicant's father Carl Bert Dichle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Soyular Symn Findley	Birthplace of father (State or foreign country) and land (b) Full maiden name of applicant's mother Bowela Sue Bennhaus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) — ——————————————————————————————————
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 1-8-93	Signature of Applicant X Church Boursan Date 6-8-93
	The second secon
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS I swear/affirm that the information given I swear/affirm given I swear/affirm given I swear/affirm given I	State of Indiana) I swear/affirm that the information given County of HENDRICKS) ss: in this application is true and correct
Signed Si	County of In this application is true and correct.
New Address Some	New Address
Subscribed and sworn to before me this 8th day of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 3 day of the HENDRICKS Circuit Court
	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-8-93 , authorizing the marriage of	MICHAEL D. MUSE
I, WILLIAM R. CLAYTON	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 26, 1993
(date), at PLAINFIELD	_ in HENDRICKS County, Indiana,
CHEDVI A BOWMAN HENDDICKS -	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ WILLIAM R. CLAYTON	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-29-93 (date).
	Cario L
	Signed Clerk

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Franklin & Middle Wehrheem	Name Janu First muchelle Sparts.
Date of Birth Month Day Year	Date of Bloth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. N.D. City County State	Residence Address Street or R.R. City County State
3D8 Clover Dr. Indplisation In	Song
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1990	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? Note Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes	Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
5. List the full names of any dependent children. Elemabeth Ficher 698.	5. List the full names of any dependent children.
Brianna Michelle & Weeks	Drianna Bweeks
6. (a) Full name of applicant's father derbert hours Websheim	6. (a) Full name of applicant's father Sames Eduard Sporks.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) 7040 Knobb Shill G. Planfuld	Residence of father (if deceased, so state) . And .
(b) Full maiden name of applicant's mother Auduth Genn Burnett	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother flands gane. Starr
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Some as app.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant June 1 - 8-93	Signature of Applicant Jamu M. Sparks Date 78-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: ip this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed & prophy tulificant	signed James m. Sparks.
New Addréss Subscribed and sworm to before me this 84 day of 49 day of 19 93	New Address Subscribed and sworn to before me this 87 day of July , 19 9.3
Corne Lusson Clerk of the HENDRICKS Circuit Court	Charle Jacobson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only, one parent signs.
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary See Consent
	from.
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
	(c) 2000年1月1日 (c) 10 10 10 10 10 10 10 10 10 10 10 10 10
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated June 8, 1993, authorizing the marriage of	Franklin L. Wehrheim
andJamie Michelle Sparks	I further certify that the following marriage certificate was filed in my office:
I, Teresa K. Wainscott	(name), certify that on June 12, 1993
Franklin L. Wehrheim of Hendricks	in Marion County, Indiana, County IN (state), and
Jamie Michelle Sparks of Hendricks Cou	intyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated June 8 1993
Signed by: /s/ Teresa K. Wainscott Filed and recorded in accordance with the laws of the State of Indiana on	
The state of the s	0 - 10
	signed Counce Lawson Clerk
	HENDRICKS Circuit Court

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

MALE APPLICANT

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No A A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated Brownshave Medica Name of Physician _DR. circuit court when the person applies for a marriage license under methodist **FEMALE APPLICANT** Last Marriage Ended By: Drivers

Last Marriage Ended By: No D Yes 🗌 Yes 🗌 No 🗆 Yes 🗌 No 🗆 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 Paul D. Shoemaker (a) Full name of applicant's father Willis B. Sames of father (if deceased, so state) Residence of father (if deceased, so state) Same above father (State or foreign country) Wabash ice of father (State or foreign country)_ e of applicant's mother Deloris L. Flick name of applicant's mother Drame Moe Walker mother (if deceased, so state). Pittsboro Birthplace of mother (State or foreign country)_____ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Carrie James Clerk of the Conne Jawson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-9-93 authorizing the marriage of JAMES A. GAINES 6-9-93 , authorizing the marriage of _ SHANNON L. SHOEMAKER . I further certify that the following marriage certificate was filed in my office: I, ELDER DON R. MCWILLIAMS JULY 10, 1993 (name), certify that on _ FAYETTE BOONE County, Indiana,_ JAMES A. GAINES HENDRICKS IN County (state), and (state) were married by me as authorized MARION SHANNON L. SHOEMAKER IN County. HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/S/ ELDER DON R. McWILLIAMS County, Indiana, dated __ MINISTER (official designation) 7-15-93 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

Signed aus _ Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes I

If No, Medical Examination or Report Dated

Name of Physician Ottlings

HENDRICKS

Circuit Court

Name Marion First Shane Clemons Date of Birth Month Day Year Place of Birth (State or foreign country)	Name Shawn First Middle Sharth Date of Birth Month Day Year (a) 34 (68)
Date of Birth Month Day Year 66	Date of Birth Month Day Year
The state of the s	Place of Birth (State or foreign couptry)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County, State
11225 W. Wash Lot 45 Hend IN	11225 W. Wash Lot 45 Hend IN.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 92	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Coty Michael Clemons	5. List the full names of any dependent children.
140-: 62 1 01	6. (a) Full name of applicant's father Charles Alfonce Smith
6. (a) Full name of applicant's father Marion Edward Clemons	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) IN	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Ala.	Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Myrna 3. Leach	(b) Full maiden name of applicant's mother Rebeaca houise Evers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) 19000500	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) IN
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant Date 6-9-93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS, ss: in this application is true and correct. Signed Than Clemen	County of HENDRICKS ss: in this application is true and correct. Signed Shawn M- Amith
New Address Subscribed and sworn to before me this	New Address day of, 19
Clerk of theHENDRICKSCircuit Court	Clerk of theHENDRICKSCircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of HENDRICKS	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authori	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated June 9, 1993 , authorizing the marriage of _ and Shawn M. Smith	
I. Gary R. Cornwell	I further certify that the following marriage certificate was filed in my office: (name), certify that on June 12, 1993
(date), at _ Martinsville	in Morgan County, Indiana,
M. Shane Clemons of Hendricks	County IN (state), and
	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Gary R. Cornwell	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	June 15, 1993 (date). Signed Connie Lowson

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

TO AND THE PARTY OF THE PARTY O	FEMALE APPLICANT
Name First Middle Last	Name Carla Middle Sharth
Date of Birth Mooth Pay Year,	Date of Birth Month Day Year
5 9 69	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Indiana
Residence Address Box 380 - 36 Clauton FN	Residence Address Straet or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date \ QQQ
	Date of birth verified by: Birth Certificate Mother (Specify)
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: UBirth Certificate Acther (Specify)) r 10 2/5 UCE NSE
7 . 7	Are you now or have you ever been adjudged to be of unsound mind? Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No. Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes □ Yes □	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug? No Yes No Yes First the full pages of any dependent children Travis Fivan W.Cormac	4. Are you now under the influence of a narcotic drug? No. Yes Yes
5. List the full names of any dependent children. Travis Evan mcCormac	List the full names of any dependent children. Hmber Michelle Sm
6. (a) Full name of applicant's father Norman C. McCormack	6. (a) Full name of applicant's father John P. Hammond
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother huby 1. 51 mpson	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother — 1000 5. White
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Hr Kansas	Birthplace of mother (State or foreign country)N
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Mach E. Mornach New Address 8/ Westbrook Subscribed and sworn to before me this 4 day of Turne, 19 43 HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the Subscribed and sworn to before me this Clerk of the Subscribed and sworn to before me this Clerk of the Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit County Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
CONTRACTOR OF THE PROPERTY OF	
	A marriage license having been refused to the above named parties, th Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Clated	
and CARLA LYNN SMITH	I further certify that the following marriage certificate was filed in my office
	(name), certify that on JUNE 19, 1993
(date), at CLAYTON MARK EVAN MCCORMACK G HENDRICKS	inHENDRICKSCounty, Indiana,
MARK EVAN McCORMACK of HENDRICKS CARLA LYNN SMITH of MORGAN Co	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	A STATE OF THE PARTY OF THE PAR
Signed by: /s/ RON HALLOCK	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	6-22-93 (date).
	1 4
	Signed Christian Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

Name of Physician ______

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Mary Honth Day Year
Date of Birth Day Year	4 13 33
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
RIBOX178 1 Stilewill KN	- seme
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 9 - 22-92	Last Marriage Ended By: Death Divorce Annulment Date 9 - 22.93
Date of birth verified by: Birth Certificate Q Other (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
	The state of the s
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No □ Yes □	4. Are you now under the influence of a narcotic drug? No V
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Full name of applicant's father Delbert B. Simmons	hallel 92 M said - Sillis / Sunsaine Land
6. (a) Full name of applicant's father Detect D. Stwings (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Dillian Loyd Mcffelland (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Hazelwood D	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Ruth Ellen Johnson	(b) Full maiden name of applicant's mother Welle Thorpe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased so state) Residence of mother (if deceased so state)
Residence of mother (if deceased, so state) Hezelwood TN	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State of loreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Survey of Applicant Signature of Applicant Si	immune deficiency syndrome). Signature of Applicant & Mary When & meths Date 6-10-9.
Signature of Applicant Date 6-10-43	Signature of Applicant Signature of Applicant Date 6-70-7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana State of Indiana I sweat/affirm that the information given
Signed Allewin & Storming	Signed Mary Man Sharesas
New Address	New Address
Subscribed and sworn to before me this day of, 19	Subscribed and sworg to before me this 10 day of 1993
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana)
County of HENDRICKS	County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated June 10, 1993, authorizing the marriage of	Mervin D. Simmons
	I further certify that the following marriage certificate was filed in my office:
I, Homer E. Henderson	(name), certify that on June 12, 1993
(date), atCrown Center	inMorgan County, Indiana,
Mervin D. simmons of Hendricks	
Mary Ann Simmons of Hendricks Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, mataria, aatea
Signed by: /s/ Homer E. Henderson Filed and recorded in accordance with the laws of the State of Indiana on_	3
Thea and recorded in accordance with the laws of the state of Indiana on_	0 (autc).
	Signed On min Lauren

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

Name of Physician Stephen Henger

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Trale	Name First Migdle Last
Date of Birth Month Day Year	Date of Birth Month Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
SIO Avon Rd. PIfd. IN	t Jame
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 10.3180	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Q Other (Specify) DV , Lic.	Date of birth verified by: Birth Certificate Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
1. Are you now or have you ever been adjudged to be of unsound mind? Yes Yes Yes Yes Yes Yes Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Yes Yes Yes Yes Yes Yes Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? Note: Yes	4. Are you now under the influence of a narcotic drug? No
5. List the full names of any dependent children. ATTS Copher C.	5. List the full flattles of any dependent officion.
al Til alt maisonalle une	6. (a) Full name of applicant's father Karl Rufus Key
6. (a) Full name of applicant's father Harrison Dale & Ingle (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Cart Carts (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) PIFALTN	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Donna Trene Esterbrook	(b) Full maiden name of applicant's mother 17 arguret Cities traff
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) ThdQ15.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant X William D. Ingle Date 6-10-93	immune deficiency syndrome) Signature of Applicant Date \$\frac{10}{2}\$
Signature of Applicant X W Mann W Date 6-70 A	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed XW floom D. Angle New Address 510 Avm Rd Phal	New Address
Subscribed and sworn to before me this 10 day of June, 19 93	Subscribed and sworn to before me this 10 day of Twne, 19 3
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	Citate of ledison
State of Indiana) County of HENDRICKS ss:	State of Indiana) ss: County of
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated June 10, 1993, authorizing the marriage of	William Dale Ingle
and Julia Pearl Key	I further certify that the following marriage certificate was filed in my office: (name), certify that onJune 11, 1993
(date), at Danyille	in Hendricks County, Indiana,
William Dale Ingle of Hendricks	County IN (state), and
Julia Pearl Key of Hendricks Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated June 10, 1993
Signed by:/s/ Cindy Spence Filed and recorded in accordance with the laws of the State of Indiana on	June 11, 1993 (date).
The same vector and of the state of the same of	0
	Signed Connie Lowson Clerk
	HENDRICKS Circuit Court

Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Ting Lawise Gabbert
Date of Birth / Lambon Month Day Year	Date of Birth Day Year
7/29/70	3/17/72 74.
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 3950 N. 1000 E Lot#44 Brownsburg Tw	Residence Address Street or R.R. City County State
3950 N. 1000 E Lot#44 Brownsburg IN	3950 N. 1000 East Brownsburg to
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date April 9
Date of birth verified by: Birth Certificate Other (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Other (Specify) Dr., Lic.
Are you now or have you ever been adjudged to be of unsound mind? Now Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	· · · · · · · · · · · · · · · · · · ·
6. (a) Full name of applicant's father Leo Webb Beck	6. (a) Full name of applicant's father Michael Ray Gabbert
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Brownsburg, In.	Residence of father (if deceased, so state) Indianapolis In
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) + NOIANA
(b) Full maiden name of applicant's mother Sharon Sue Garo	(b) Full maiden name of applicant's mother Beatrice Susan Cayano
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana polis, In	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Fadiana palis, In.	Birthplace of mother (State or foreign country) TADIANA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). The Habbert 206-10-9
Signature of Applicant / ma con May Date C6-10-93	Signature of Applicant Date 10 10 1
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: / / in this application is true and correct.
Signed Long Con the	Signed & Junah Sabblet
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 10th day of June, 19 93
Connie Bawson Clerk of the HENDRICKS Circuit Court	Cornie Jawson Clerk of the HENBRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated June 10, 1993, authorizing the marriage of	
andTina Louise Gabbert	I further certify that the following marriage certificate was filed in my office:
I, Cindy Spence	(name), certify that on June 10, 1993
(date), atDanville of Hendricks	in Hendricks County, Indiana, (state) and
Tina Louise Gabbert of Hendricks Con	County
under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized
Signed by: /s/ Cindy Spence	Let Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	1
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Haward Creichton Amell	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address , Street or R.R. City , County State
970 I St NE Apt 41 System IN	613 & Tilden Dr. Bloury IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate QOther (Specify)	Date of birth verified by: Sirth Certificate QOther (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? No Yes Yes Yes Yes Yes Yes Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes Yes
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No □ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes □ List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
5. List the full harnes of any dependent children.	S. List the full harres of any dependent children.
6. (a) Full name of applicant's father Stephen Howard Amell	6. (a) Full name of applicant's father Albert Elmer Ferree
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Deceased
	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Florence Dylander	(b) Full maiden name of applicant's mother Thelma Blatherine Kra
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Theming Michigan	Residence of mother (if deceased, so state) Linton ID
Birthplace of mother (State or foreign country) Michigan	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 6/11/93	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 6/11/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Advance County of Mew Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Sois M. Sauranac New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court
CONCENT OF PARENTS PARENTS OF CHARDIAN	CONSENT OF PARENT OF CHARMAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
FatherID #	County of ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated $6-11-93$, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, HOWARD C. AMELL
and LOIS MAE GAUNNAC	I further certify that the following marriage certificate was filed in my office:
I, REV. LEONARD MAYNARD (date), at BROWNSBURG	in HENDRICKS County Indiana
HOWARD C. AMELL of GREENE	in HENDRICKS County, Indiana, County IN (state), and
	ountyIN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-26-93
Signed by: /s/ REV. LEONARD MAYNARD Filed and recorded in accordance with the laws of the State of Indiana on	6-29-93
Thea and recorded in accordance with the laws of the state of inalana on_	(date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 11-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No & If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dr. Bobert L. Deaton, M.D. IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Residence Address 4071 350N Never Married OR No. of Previous Marriages Never Married Death Date of birth verified by: Birth Certificate Other (Specify) No ☑ Yes ☐ Are you now or have you ever been adjudged to be of unsound mind? No 19 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🗌 Yes 🗌 No 🗌 Yes 🗌 No D Yes 🗌 No 🗗 Yes 🗌 No 🗗 Yes 🗆 No 🗹 Yes 🔲 No Yes No 🗸 Yes 🗌 full names of any dependent children. Than Byzan Flyts, res Dreagony Fents ashbul Marion Fentz Walter Frances Beeder In (a) Full name of applicant's father_ Deceased Indiana e of applicant's mother Grana Dorothia VanSickle Indiana Residence of mother (if deceased, so state). Indian Birthplace of mother (State or foreign country)_ of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature Clerk of Court HENDRICKS 93 HENDRICKS Connie Trawson Clerk of the Connet Jawan Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS _ County, Indiana, dated __ June 11, 1993 _, authorizing the marriage of ____Roy Gene Fentz . I further certify that the following marriage certificate was filed in my office: Margaret Ann Smith Cindy Spence _ (name), certify that on _ June 11, 1993 (date), at Danville in Hendricks County, Indiana,_ County _ IN Roy Gene Fentz Hendricks (state), and Margaret Ann Smith Hendricks (state) were married by me as authorized _ County __

HENDRICKS

1st Deputy Clerk (official designation)

County, Indiana, dated ___June 11, 1993

Circuit Court

BOWNE ENGLIS - SYSTEMS 1-800-389-8703 147

Signed by: /s/ Cindy Spence

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

Filed and recorded in accordance with the laws of the State of Indiana on June 11, 1993

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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

The person was a person was a person was a person with the person applies for a marriage license under

The person was a person was a person to a clerk of the circuit court when the person applies for a marriage license under

The person was a person to a person applies for a marriage license under to a person was a person was a person to a person applies for a marriage license under to a person was a p

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Evans Brownslang Same Previous Marital Status: Never Married OR No. of Previous Marriages 2 Date '85 Divorce 🖳 Date 183 Death Date of birth verified by: Birth Certificate Other (Specify) No 💽 Yes 🗌 No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗌 No 🗆 yes □ No 🗗 Yes 🗌 No Yes Are you related to the female applicant closer than second cousin? No Ves No Yes No D Yes 🗌 No Yes 🗆 List the full names of any dependent children. Matthew allen Eram Bamsey Full name of applicant's father Fred arnold Edwards Indiano of applicant's mother Dema Mae Juleu Residence of mother (if deceased, so state)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS Evans Signed Lugarun day of June 19 93 Subscribed and sworn to before me this Connie Lawson Clerk of the HENDRICKS HENDRICKS Connie Lawson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ ____, authorizing the marriage of _____James Patrick Ramsey dated ___ June 11, 1993 and Luann Evans _ . I further certify that the following marriage certificate was filed in my office: Cindy Spence (name), certify that on ____June 11, 1993 (date), at Danville in Hendricks County, Indiana,_ County IN _(state), and _ James Patrick Ramsey Hendricks ___ County ___ _ (state) were married by me as authorized Luann Evans Hendricks HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ _County, Indiana, dated June 11, 1993 Signed by: /s/ Cindy Spence , 1st Deputy Clerk (official designation) 1993 (date). Filed and recorded in accordance with the laws of the State of Indiana on June 11, Clerk Circuit Court

Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County 6-11-93 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 S. R. Sona MO

Name First Middle . Last	FEMALE APPLICANT Name First Middle Last
Date of Birth Day Year Jean, II	Date of Birth Drugs North Day Year
11 28 67	12 1 67
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 1556 Sharen Dr. Blalle, Hendrichs In.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Doffner (Specify) Druvers Tycense	Date of birth verified by: Birth Certificate Cher (Specify) Drivers Suchne
Are you now or have you ever been adjudged to be of unsound mind?	
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No 🗗 Yes 🗌
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Jimmie Hildren	6. (a) Full name of applicant's father Down The Tymnel
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Besidence of father (if deceased so state)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Belen Murtha Summer	(b) Full maiden name of applicant's mother Than Jouise Kirker
(If adopted, list adoptive parents only),	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Shara
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus, that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Churchs Church Church Date 6-11-93	immune deficiency syndrome). Signature of Applicant X Jundy Kinime Date 6-11-
Organization of Applicant	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: ja, this application is true and correct
Signed & Challes Channe Seller II	Signed X Tuely Kimmel
New Address Orne	New Address
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this day of the HENDRICKS Circuit Cour
Circuit Court	Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated 6-11-93, authorizing the marriage of	
I DANNY STARR	I further certify that the following marriage certificate was filed in my office (name), certify that on JUNE 19, 1993
(date), at BEDFORD	in LAWRENCE County, Indiana,
CHARLES J. HILDUM of HENDRICKS	County IN(state), and
TRUDY D. KIMMEL of HENDRICKS Con	untyIN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-19-93
Signed by: /s/ DANNY STARR	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-22-93 (date).
	Similar Comments
	Signed Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Col

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

260 **HENDRICKS** County File . Date of Application

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

Female Applicant 50 No A Yes
If No, Medical Examination or Report Dated
Name of Physician Daniel Collow (Judge)

MALE APPLICANT	FEMALE APPLICANT
Name Dallas Lee Middle Hubble	Name Debra Kan Bippus
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
10205 Dwasco Indeps IN	10142 Owasco Indpls IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1-831	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date ☐ 1
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Spirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? 1. Ves 1. V	Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Christopher I ravis Bipk Terry Lee Bippus
6. (a) Full name of applicant's father Delmar Woyd Hubble	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) P Dwg IN Birthplace of father (State or foreign country) IN	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother bergia ESSEX	(b) Full maiden name of applicant's mother Lois Ann Daulton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) B' burg IN	Residence of mother (if deceased, so state) Punta borda FL
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Li swear/affirm that the information given in this application is true and correct. Aday of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court
A STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF T	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana) Outstand HENDRICKS ss:
Father	County of TENDRICKS) Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	
andDEBRA KAY BIPPUS	. I further certify that the following marriage certificate was filed in my office:
I, JAN CHILEWSKI	(name), certify that on JUNE 29, 1993
DALLAS LEE HUBBLE of HENDRICKS	TN County, matana,
DEBDA VAV DIDDIG UENDDICVE	County IN (state), and punty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-29-93
Signed by: /s/ JANICE S. CHILEWSKI	,CHIEF DEPUTY (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	6-29-93 (date).
	Signed Consider Land
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

Name of Physician

Clark? Family med lenter

MALE APPLICANT	FEMALE APPLICANT
Name C First O Middle, Last	Name First / Middle Last
Date of Birth Month Day Year	Date of Bifts Month Day 9 Year
8 21 72	1 24 76
Place of Birth (State or foreign country) Danuelle In.	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City A County State
133 S. Rd. 450E. Danulle Sn.	E# 2 Box 199 Contessulle In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married AOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Sirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) (moregan (16)
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	The same of the sa
6. (a) Full name of applicant's father Carl Edward Stidam	6. (a) Full name of applicant's father Danied See Waggoner
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) 133 S.R.d. 450E. Danuelle	Residence of father (if deceased, so state) Same
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Markinsuelle In
(b) Full maiden name of applicant's mother Willmac Jean Nesbitt	(b) Full maiden name of applicant's mother Judy & O'Bancon - trager.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) 250 NEST - Apt 206 PT feet
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Bleecastle In
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndronie).
Signature of Applicant Date 611-93	Signature of Applicant Susseful . Woggone Date
	// //
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	Out of State
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS . ss: in this application is true and correct.
Signed / MMM// C JAMA	Signed Jennifel R. Waggener
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) HENDRICKS SS:
County of	County of Parish + 1 Parish
Father ID # Mother ID #	Father A August K A a Share ID#
Subscribed and sworn to before me thisday of19	Mother A Guedy R. Laghon ID # Subscribed and sworn to before me this day of 19
Clerk	Subscribed/and sworn to before me this day or, 19
	A marriage license having been refused to the above named parties, the
and filed in authoriz	
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana.
dated 6-14-93, authorizing the marriage of	SHANNON EDWARD STIDAM
and JENNIFER KAY WAGGONER	I further certify that the following marriage certificate was filed in my office:
t, LEROY PICKERING (date) at DANVILLE	(name), certify that on JULY 3, 1993
(date), at DANVILLE SHANNON EDWARD STIDAM of HENDRICKS	in HENDRICKS County, Indiana,
TENNITEED KAY WACCONED . HENDRICKS	County(State), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by me as authorized
Signed by: /s/ LEROY PICKERING	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-7-93 (date).
	0.9
	Signed Conne dawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Phellips	Name Shawaa See West
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Coupty State	Residence Address Street of R.R. City County / State
125 M. Japperson, Danville, Hendiops, Indiano	125 11 Jafferson, Darville Hervick, Indian
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Girth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐ If answer is "yes," has the adjudication been removed? No Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes 15. List the full names of any dependent children Skellbu Phulling 19 mos	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	* 5. List the full names of any dependent children.
2. 1. 1. O Oli . 1	0. 8/1./
6. (a) Full name of applicant's father KCelvierd F. Thellips	6. (a) Full name of applicant's father fame E. West
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) **The control of the con	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Indexage	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Holmale Coll	(b) Full maiden name of applicant's mother Debra Thornburg
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Indicase	Residence of mother (if deceased, so state)
- THE STATE OF MICHIEL OF MICHIEF COUNTY) - FREEZECTED	Birthplace of mother (State or foreign country) Thilland
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & The RENDA Date 6-1193	Signature of Applicant Chawke &-West Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	The last of the second
State of Indiana) I swear/affirm that the information given ss: County of HENDRICKS ss: Distribution is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS) in this application is true and correct.
Signed & The A Sill of the and correct.	Signed & Showka & Colletter and correct.
New Address Same as about	New Address Same as allows
Subscribed and sworn to before me this day of flire , 19 93 When New 2014 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this
Clerk of the HENDRICAS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this
COMPLETE IS MARRIAGE LIGHTON TO THE PARTY OF	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE When the Circuit Court of HENDRICKS County Indiana
dated June 11, 1993, authorizing the marriage of	
and Shawna L. West	I further certify that the following marriage certificate was filed in my office:
I,Cindy Spence	(name), certify that onJune 11, 1993
(date), at Danville Michael Alan Phillips of Handricks	in Hendricks County, Indiana,
Michael Alan Phillips of Hendricks Shawna L. West of Hendricks Con	CountyIN(state), and untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated June 11, 1993
Signed by: /s/ Cindy Spence	, lst_Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	June 14, 1993 (date).
	Signed Connie Lauron)
	Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 If No, Medical Examinati	No 🖫	Yes □	
Name of Physician	·Wm	6 Dwards	, MD

MALE APPLICANT	FEMALE APPLICANT
Name Denn Middle Robinson	Name First Middle
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Th Diana	Indiana
Residence Address Street or R.R. City County State Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 86
Date of birth verified by: Sirth Certificate Sther (Specify) Drivers Lucins	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Ricense
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ ∠ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No 🖳 Yes 🗌
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Dene Com Dupcon,
	Storie May Dipson, Fracie Hay
Asset C Real CA	Dipson Robert Laure Police.
6. (a) Full name of applicant's father bear of C. Robinson, St.	6. (a) Full name of applicant's father Spotent Fowers Thousand
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Detty Brokemary 3ry	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Thorus and anounds
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Thorus Cann Vanoundu (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Shoiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Blum H. Bolinson Date 6-14-93	Signature of Applicant Acuba at Kay Dipson Date 6-14-9
Date 170	Signature of Applicant Autobach Ray Dupon Date 6-74-7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS) ss: in this application is true and correct	State of Indiana) I swear/affirm that the information given ss:
Signed A Stemm A. Housen in this application is true and correct.	in this application is true and correct.
New Address	Signed Albertan Kay Depton New Address
Subscribed and sworn to before me this 14th day of	Subscribed and sworn to before me this 14th day of 19 93
Connie Sawton Clerk of the HENDRICKS Circuit Court	Comme Jawson Clerk of the HENDRIOKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated $6-14-93$ authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
, aminoriting the marriage of _	
I, LARRY R. BOSWELL	I further certify that the following marriage certificate was filed in my office:
(date), atDANVILLE	
OF THIS AT AN DODINGON	_ inHENDRICKS County, Indiana, County IN (state), and
DEDODAH KAN GERGON	unty IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-14-93
Signed by: /s/ LARRY R. BOSWELL	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1. 9
	Signed Coanie person Clark
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File ____

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Robert Spris Berleins	Name Porty Elaine Aootlina
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
701 Willow Et. Danville, Hendrichs, on	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 10-92	Last Marriage Ended By: Death Divorce Annulment Date 9
Date of birth verified by: Birth Certificate Tother (Specify) Drives Livense	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bobert Boul Perkins	6. (a) Full name of applicant's father Sammon Q Van Curler
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Maybello trause Duratum (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Communication (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Wichiacan
ADVANCIAL EDGLIFATE	ACCUSATE FRONTIAT
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant & Probert & Perhins Date 6/14/93	Signature of Applicant X XXIII 6. How My Date 4779
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss:
Signed & Probert L. Perkins	Signed Wares G. Hostling
New Address Subscribed and sworn to before me this 14th day of 1993	New Address Subscribed and sworn to before me this 14th day of the 19 93
Cornie Jourson Clerk of the HENDRICKS Circuit Court	Connie Sausan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS ss:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-14-93, authorizing the marriage of	ROBERT L. PERKINS
and DORIS E. GOSTLING I. REV. ROBERT M. HOOTEN	I further certify that the following marriage certificate was filed in my office:
(date), at AVON	in HENDRICKS County, Indiana,
ROBERT L. PERKINS of HENDRICKS	County IN (state), and
DORIS E. GOSTLING of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-14-93
Signed by: /s/ REV. ROBERT ML HOOTEN Filed and recorded in accordance with the laws of the State of Indiana on	
The and recorded in accordance with the taws of the state of maidna on	6-28-93 (date).
the grant way ()	Signed Cannie Lawson Clerk
	HENDRICKS Circle Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No F Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Laren Johns circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Loviscek 0 Indiana Previous Marital Status: Never Married OR No. of Previous Marriages Never Married Death Date 1991 Death D Divorce Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Drivers License Date of birth verified by: Birth Certificate Cher (Specify) No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No X Yes 🗌 No Yes No 🔲 Yes 🔲 No ☑ Yes □ No DC Yes 🗌 No D Yes 🗌 No D Yes 🗌 No Yes 🗆 No D Yes 🔲 List the full names of any dependent children. Gira Marie (a) Full name of applicant's father Lewis Mother Lovice Sr. Full name of applicant's father David S. Lberwein of father (if deceased, so state) Deceased (if deceased, so state) Lebanca IN her (State or foreign country) name of applicant's mother tauline Marie Kanechnic Residence of mother (if deceased, so state) Indpls TN Residence of mother (if deceased, so state) Lebanon Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana ess 29 REABUD LN BROWNSBURG FN. M, Blownsburg In 46112 HENDRICKS HENDRICKS Circuit Court _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give con HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, , authorizing the marriage of MARY KAY JACKSON I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 17, 1993 I, DAVID BOURNE (name), certify that on _ BOONE (date), at WHITESTOWN County, Indiana,. ROBERT LEE LOVISCEK HENDRICKS IN County _(state), and

MARY KAY JACKSON

Signed by: /s/ DAVID BOURNE

MARION

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

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

IN

MINISTER

HENDRICKS

County

(state) were married by me as authorized nty. Indiana, dated 6-17-93

Clerk Circuit Court

County, Indiana, dated _

(official designation)

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

Name of Physician R. Cuennuty, M. ...

MALE APPLICANT	FEMALE APPLICANT
Name A First Middle Last	Name Canbin Gun Middle Mariets
Date of Birth Day Bear Day	Date of Birth Month Day Year 1941
7 03 1910	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Wildiasa	Residence Address Street or R.R. Gity County State
Residence Address Street or R.R. Plantiell Herdlich William	821 B Winding Brook E. Dr. Indels, Marion, Indiana He.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married GOR No. of Previous Marriages
□ I toutest□ Date	Last Marriage Ended By: Death Divorce Annulment Date
ass marriage Erioto by.	Date of birth verified by: Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate Other (Specify) DRWWD TECENSE	Date of Britis Verified by. Some Constitution of Constitution
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes □	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes Yes Yes ✓	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes Y
. Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug? No No Yes No Yes
List the full names of any dependent children.	5. List the full fiallies of any dependent dimoren.
	- Daning
(a) Full name of applicant's father Clert Xleff	6. (a) Full name of applicant's father Denny F. Trugues
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Paristance of fother (if deceased so state) Florida.
Residence of father (Fight or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Malana
Birthplace of father (State or foreign country). Desilitating the state of applicant's mother. The state of t	(b) Full maiden name of applicant's mother Cindy & Palish
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Inclana	Residence of mother (if deceased, so state) Thatage
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) That are
Date of Applicant Date of Applicant Date of Police of Applicant Date of Applicant Date of Applicant Date of Applicant Date of Court of Court Date of Court D	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
Signed New Address 821 B. William Carried and sworn to before me this day of HENBRICKS County of HENDRICKS Signed New Address 821 B. William Brush C. Dr. Free Policy County of HENBRICKS Circuit County of HENBRICKS Circuit County of HENBRICKS Circuit County of HENBRICKS	County of HENDRICKS ss: on this application is true and correct. Signed New Address Same as allower.
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of
father ID # Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the	NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana, STEFAN TODD HUFF
dated, authorizing the marriage of, authorizing the marriage of,	. I further certify that the following marriage certificate was filed in my office:
I, WILLIAM A. HEADLEY	(name), certify that onJUNE 26, 1993
(date), atINDIANAPOLIS	in MARION County, Indiana, (state), and
STEFAN TODD HUFF of HENDRICKS CARRIE ANN MAJORS of MARION	County IN (state), and County IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court	County (State) were married by an account
Signed by:/s/ WILLIAM A. HEADLEY	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on.	7-2-93 (date).
	Signed Ornie auson Clerk

Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 6-14-93
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 Ves In If No, Medical Examination or Report Dated 6-7-93

Name of Physician Dr. Burkholder, M.D.

	이용, 이용 기술, 이번 및 병원도 사용하는 것이 되는 것이 없어 되었다.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last — Dowon	Name Africa Middle Flags
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Residence Address Street or R.R. City County State
15 Woodland Ct. Brownsling, Herdrich, In.	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate General Passage T	Date of birth verified by: Birth Certificate Other (Specify)
	Durers Oxcerse
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No 🖫 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🖳 Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Security Down	6. (a) Full name of applicant's father Thomas Joseph Frage
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Madeleine Lemelin	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother the See Phillips
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) and and
Birthplace of mother (State or foreign country) Queliec, Con.	Birthplace of mother (State or foreign country) Thana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Dates 14.4	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	Ctate of Indiana
County of HENDRICKS Ss. in this application is true and correct.	State of Indiana) Swear/affirm that the information given
Signed Marin J	Signed X UMMY 1 JG9
New Address Same	New Address
Subscribed and sworn to before me this day of the HENDRICKS Circuit Court	Subscribed and sworm to before me this 14 th day of 19 93 Comman Familier Clerk of the HENDRICKS Circuit Court
Oncor Court	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
CHARLES AND	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	
, authorize	is and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-14-93 , authorizing the marriage of	
I. EDWARD DEAN DICKINSON	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 26, 1993
(date), atINDIANAPOLIS	in MARION County, Indiana,
	County IN(state), and
AMY JO FIGG of HENDRICKS Cou	inty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 6-26-93
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ EDWARD DEAN DICKINSON	MINITORED
Filed and recorded in accordance with the laws of the State of Indiana on	6-28-93 (date).
	1.9
	signed Cornel Jawson Clerk

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 APPLICATION FOR MARRIAGE LICENSE		
	No	
HEND	RICKS County File	
	6-14-93 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 I If No, Medical Examination or Report Dated 6-14-93 Name of Physician A. Johns, MD	
MALE APPLICANT	FEMALE APPLICANT	
Date of Birth Day Day Year	Date of Birth Date of Birth Country Date of Birth Country State	
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sharing ann Sullaran (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Bay L Aparks Date 4/4/93	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother with Maoma Vaughn (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Author Date 6-14-93	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 4day of HENDRICKS Subscribed and sworn to before me this 4day of HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed A Courty of Mew Address Subscribed and sworn to before me this 14th day of HENDRICKS Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana)	State of Indiana)	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the		
County	Court, by written order issued	
, authorize	es and directs the issuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle datedJune 14, 1993, authorizing the marriage of andEdith M. Johnson I,Cindy Spence	erk of the Circuit Court of HENDRICKS County, Indiana, Ray C. Sparks I further certify that the following marriage certificate was filed in my office: (name), certify that on June 14, 1993	

_ Clerk _Circuit Court

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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Jason James Braant	Name Sarah Christy Leadick
Date of Birth Month Day Year	Date of Birth Day Wear Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
(J.	P
Residence Address Street or R.R. City County State RR 2 2 B x 204 A Clautar IN	Residence Address Street or R.R. City County State 2133 D. WawSt. PILA . IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Are you related to the female applicant closer than second cousin? Yes ☐	If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No Yes □
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒️ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father James V. Bryant	6. (a) Full name of applicant's father Stanley L. Cradick
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Tombey . Cadick (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) 12 htte land IN
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TN
(b) Full maiden name of applicant's mother Linda B. Glees on	(b) Full maiden name of applicant's mother 1888 L. Wildman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Whiteland IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	Signature of Applicant X. Christy Cradick The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information giver
Signed Spacer Bryan in this application is true and correct.	County of RENDRICKS in this application is true and correct Signed XS, Christy Chadren
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 14 day of 5 we 19 93
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSTITUTE DISCUSS DISCUS DISCUSS DISCUS DISCUSS DISCUSS DISCUSS DISCUSS DISCUSS DISCUSS DISCUSS DISCU	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) ss:
County of HEVDRICAS	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of	MotherID #
Clerk	Subscribed and sworth to before the tills
	A marriage license having been refused to the above named parties, the
and filed in authoriz	
and med in, authoriz	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana.
dated June 14, 1993, authorizing the marriage of	Jason J. Bryant
and Sarah Christy Cradick	I further certify that the following marriage certificate was filed in my office
I, Cindy Spence	(name), certify that on June 14, 1993
(date), at Danville	inHendricksCounty, Indiana,
Jason J. Bryant of Hendricks Sarah Christy Cradick of Hendricks Co	
under a marriage license that was issued by the Clerk of the Circuit Court of	ounty IN (state) were married by me as authorized from the MENDRICKS County, Indiana, dated June 14, 199
Signed by: /s/ Cindy Spence	, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	June 14, 1993 (date).
	0
	Signed Conne Lawson Clark

HENDRICKS

_Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. Pizzato circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Same Last Marriage Ended By: License Date of birth verified by: Birth Certificate Other (Specify) Drivers Date of birth verified by: Birth Certificate Other (Specify) Drivers accense Yes 🔲 No 🗆 No 🗆 Yes 🗌 Yes 🗌 No Yes 🔲 No Yes 🗌 No L Yes 🗌 No Yes 🗌 No Yes 🗌 (a) Full name of applicant's father Kenneth R. Ray Full name of applicant's father Clifford J. Shuler (if deceased, so state) PIHSboro IN of father (if deceased, so state) Denville her Jessica J. Curry me of applicant's mother Betty J. Easley Residence of mother (if deceased, so state) & Danvill Pittsboro M Birthplace of mother (State or foreign country) U(SOrce Danville ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court day of June , 19 93 HENDRICKS HENDRICKS onnie auso Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-14-93 authorizing the marriage of ROGER R. RAYL authorizing the marriage of _ JENNIFER D. SHULER . I further certify that the following marriage certificate was filed in my office:

(name) certify that on 6-19-93 REV. ROBERT M. HOOTEN (name), certify that on _____ (date), at AVON ROGER R. RAYL _ County, Indiana,_ IN County _(state), and JENNIFER D. SHULER HENDRICKS IN County. (state) were married by me as authorized unty. Indiana, dated 6-14-93 HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ REV. ROBERT M. HOOTEN County, Indiana, dated _

MINISTER

(date).

(official designation)

Clerk Circuit Court

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

Circuit Court

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

BOYCE FORMS • SYSTEMS 1-800-382-8702 147

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician L. Sastusta IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** er Married OR No. of Previous Marriage Never Married Other (Specify) Other (Specify) No M Yes 🔲 No D No 🗌 Yes 🗆 No 🗌 Yes 🔲 es 🔲 ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana Muncie, IN 47305 STALL ORGAN Clerk of the ounce of suson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, authorizing the marriage of _ CARRIE LYNN WYNBERG . I further certify that the following marriage certificate was filed in my office: (name). certify that on JUNE 26, 1993 WARREN W. BURNS (name), certify that on _ HENDRICKS BROWNSBURG (date), at. County, Indiana,_ TIMOTHY EUGENE COX County (state), and CARRIE LYNN WYNBERG HENDRICKS County (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ WARREN W. BURNS County, Indiana, dated ___ PASTOR (official designation) 6-29-93 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

Signed

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 272

File

6-15-93

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 F Yes I If No, Medical Examination or Report Dated 6-15-93
Name of Physician Edward (Masser, M.)

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Martin	Name First Middle Roberts (Supar
Date of Birth O Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
7130 St. B.O. 267N. Brownstra Hendrales In.	Ot, 2 Box 280B, atmore, Example, al.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 3-18-93
Date of birth verified by: Birth Certificate Dother (Specify) Druvers Fucense	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No W Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Firsten Tharie Furan
6. (a) Full name of applicant's father Oyauxmond L. Thartin	6. (a) Full name of applicant's father I rappely M. Boberts
6. (a) Full name of applicant's father Statistics (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father 3 Manual VIII adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Olonbarra
(b) Full maiden name of applicant's mother them of the second of the sec	(b) Full maiden name of applicant's mother your Yellums
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Yerry R Mat Date 15 SUN93	Signature of Applicant X 1000 Level Courts Tour Date 15 Marc 9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
	Clerk of Court Date /
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of	County of HENDRICKS in this application is true and correct.
Signed Samo	Signed Mew Address
Subscribed and sworn to before me this 15th day of the 19 15 50N 23	Subscribed and sworn to before me this 15th day of Sune, 19 93
	Lane tarea Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Sale lade which have the consent of the other parent differences.
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IS MARRIAGE MARRIAGE MOUTE BY ARREST OF COMPLETE	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated6-15-93 authorizing the marriage of	
,	. I further certify that the following marriage certificate was filed in my office:
	(name), certify that on JUNE 24, 1993
(date), atBROWNSBURG	in HENDRICKS County, Indiana,
	County IN (state), and
FRANKIE ANN ROBERTS of ESCAMBIA Con	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ REV RICK ADKINS	
Filed and recorded in accordance with the laws of the State of Indiana on	6-30-93 (date).
	0.0
	Signed Conne Jawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-4702 1477	HENDRICKS Circuit Court

_ Clerk

Circuit Court

HENDRICKS

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

Lo 10 93
Date of Application

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Middle

Marriage

No.

Permale Applicant 50

No Ib Yes If No, Medical Examination or Report Dated

Name of Physician Marriage

Name

First

Middle

Middle

Marriage

Name

Middle

Marriage

Name

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Marriage

Middle

Marriage

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A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT errane Place of Birth (State or foreign Previous Marital Status: Never Married Previous Marital Status: Never Married OR No. of Previous Marriages OR No. of Previous Marriages Last Marriage Ended By: Divorce Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes 🗌 No Yes 🔲 No 🗆 Yes 🗌 No 🗆 Yes 🗌 No V Yes 🗌 No X Yes 🔲 No X Yes 🔲 No D Yes 🗌 No X Yes 🗌 No D Yes 🗌 List the full names of any dependent children Full name of applicant's father Dennis ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court State of Indiana HENDRICKS HENDRICKS Howard day of HENDRICKS Subscribed and sworn to before me this HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one We, the parents of this applicant, hereby give consent for this marriage. If only HENDRICKS HENDRICKS Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of
dated 6-16-93 authorizing the marriage of TERRANCE LINN HOWARD _ County, Indiana, , authorizing the marriage of _ STACY JO SCOTT . I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 19, 1993 and I, STEVEN T. REEVES (name), certify that on HENDRICKS BROWNSBURG (date), at BROWNSBURG
TERRANCE LINN HOWARD County, Indiana, IN MARION (state), and STACY JO SCOTT HENDRICKS IN (state) were married by me as authorized inty. Indiana, dated 6-16-93 County under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ STEVEN T. REEVES HENDRICKS County, Indiana, dated _ PASTOR (official designation) 6-22-93 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

Signed

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Timothy Brian Grenke	Name Michelle Anne White
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
<u>ID</u>	IN
Residence Address Street or R.R. City Danville State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate (Specify) Dr. U1 C.	Date of birth verified by: Sirth Certificate (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No X Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father last Eugene Gierke	6. (a) Full name of applicant's father James Terry White
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) breencastle IN	Residence of father (if deceased, so state) breencastly IN
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Track Laines Chastrut
(b) Full maiden name of applicant's mother Mary Jane Suff	(e) I di maderi mane di approario motto.
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Sycence.Stle. In	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 6-16 193 The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signed Signed Advances New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed MICHEL New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Signed MICHEL Signed Address Clerk of the HENDRICKS I swear/affirm that the information giver in this application is true and correct day of the hendricks Circuit Court
CHILD THE CHILD	Clerk of the Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
, danier ting of _	. I further certify that the following marriage certificate was filed in my office:
I, PAUL H. BOWEN	
(date), at GREENCASTLE	_ in PUTNAM County, Indiana,
	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ PAUL H. BOWEN	CD DACMOD
Filed and recorded in accordance with the laws of the State of Indiana on	, SR. PASTOR (official designation) 7-8-93 (date).
Thea and recorded in accordance with the laws of the state of indiana on	(unie).
	Signed Consie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court
20100 CODIC - CURTING 1 200 COD 2000 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 275

File

6-18-93

Date of Application

Female Applicant 50. No. 275

Ves. 275

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

Female Applicant 50 No Yes Seport Dated 5-28-93
Name of Physician S. 7 Leeger, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Se of First Slouds Craft	Name First Middle Last
Date of Berth Month Day Year	Date of Birth Day Year 49
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City of Placesfield State Lend 111-	Residence Address Street or R.R. City County State
	Previous Marital Status: Never Married OR No. of Previous Marriages
- W - DAM	- H - Q1
Date of birth verified by: Birth Certificate Other (Specify) SriverSciense	Date of birth verified by: Birth Certificate Dother (Specify) Unaus Ric.
Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes Yes Yes Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children, Sally Beth Craft	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Sarry Fowler 19
Byrs old.	
6. (a) Full name of applicant's father Unknown	6. (a) Full name of applicant's father Jack Cummings
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Hallenfield, Co.
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Phyllis Dessie Hemphill	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother from Rellen Riggo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) HTCA Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date	Signature of Applicant Owner Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.
Signed Si	Signed Jarrame Ally
New Address Subscribed and sworn to before me this 18th day of Orene 19 9.3	New Address SAME Subscribed and sworn to before me this 2/9 day of Mark 19 93
Subscribed and sworn to before me this	Subscribed and sworn to before me this A/4 day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana, JOSEPH LLOYD CRAFT
and LORRAINE DYE	
I, REV. JAMES D. CLAYTON	I further certify that the following marriage certificate was filed in my office:
JOSEPH LLOYD CRAFT of HENDRICKS	_ inMARIONCounty, Indiana, CountyIN(state), and
TORRATME DVE	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by / S / REV. JAMES D. CLAYTON	HENDRICKS County, Indiana, dated 7-3-93
Signed by: /S/ REV. JAMES D. CLAYTON Filed and recorded in accordance with the laws of the State of Indiana on	PASTOR (official designation) 7-6-93 (date).
	1 . 9
	Signed Ornel Acroson Clerk

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 1986 Annulment Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify) No Yes No 🗌 Yes 🗌 No 🗌 No 9 Yes 🗌 No P Yes 🗌 No 🗹 Yes 🗌 No D Yes 🗌 No Yes No 🕒 of applicant's mother Kully C. of mother (State or foreign country) ACKNOWLEDGMENT Conne Jawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _____, authorizing the marriage of _ and _ . I further certify that the following marriage certificate was filed in my office: _ (name), certify that on _ (date), at_ _ County, Indiana,_ _ County _ _(state), and _ _ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated

Signed

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

(official designation)

_ Clerk Circuit Court

(date).

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Christopheo Paul Oltean	Christina marie Lyndo
Date of Birth Month Day Year 70	Date of Birth Month Day 7/ear 72
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or B.R. City County State
237 meadow In plfd sendreske m	231 Madow on pigo Henouses M
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an arcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Neith Olic Oltomo	6. (a) Full name of applicant's father Norman Column Lynn
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother at all and m. acker
(b) Full maiden name of applicant's mother Rama Stant Sungla (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Washington Le	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date (6-/7-93	immune deficiency syndrome) haisty m Sunch - 6-17-9.
Signature of Applicant Section	Signature of Applicant C/Outry Page Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 230 mandow La April Fild EN.	New Address 037 Mondow hamp PIFD IN 4616
Subscribed and sworn to before me this / 7 day of	Subscribed and sworn to before me this/7 day of
Connection Clerk of the HENDRICKS Circuit Court	Connic Racio Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Charles de Indiana
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, aution2	es and directs the issuance of a marriage needs to the above hamed parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded6-17-93 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, CHRISTOPHER PAUL OLTEAN
and CHRISTINA MARIE LYNCH	I further certify that the following marriage certificate was filed in my office.
I, ROY HAMPTON	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 19, 1993
(date), atINDIANAPOLIS	_ in MARION County, Indiana,
CURTOMINA MARIE LUNGU . URUBRICUS	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	the time the time to the time
Signed by: /s/ ROY HAMPTON	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	. Pening Land
	Signed Cornel Mainton Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File Date of Application Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated
Name of Physician Dr. To e Yes 🗆

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

MALE APPLICANT	FEMALE APPLICANT
me First Donalds metalbinais	Name List Ann Bishap
e of Birth Month Day Year	Date of Birth Month Day Year
be of Birth (State or foreign country)	Place of Birth (State or foreign country)
(II	ZV
idence Address Street or R.R. Farnity County State 3235 Valley Way for Induits.	Residence Address Street or R.R. City County State 4490 0 700 N North Solem IN
ious Marital Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Married 🔯 OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Other (Specify) Dr. Cic.	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Ltc.
Are you now or have you ever been adjudged to be of unsound mind? No S Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No SY Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father James Ralph mc Finnix Sr.	6. (a) Full name of applicant's father Jerry Lester Bishop
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) <u>Coates ville</u> <u>IN</u>	Residence of father (if deceased, so state) North Selem TN
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Rute Emily Luke	(b) Full maiden name of applicant's mother Norma Jean Litzsim
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) North Salem IN
	Tal
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ne above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. erk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
ste of Indiana I swear/affirm that the information given in this application is true and correct. Signed Signed New Address Sinc 15 4 local New Address Sinc 15 4 local Discribed and sworn to before me this	State of Indiana County of HENDRICKS Signed ALL BLACK New Address 3255 Vally Farms Way And pl Subscribed and sworn to before me this day of HENDRICKS Circuit Court
INSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana) ss:	State of Indiana) County of HENDRICKS) ss:
her ID #	FatherID #
therID #	MotherID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cterk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
DETUNIN OF WARRIAGE LICENS	erk of the Circuit Court of HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the Cle	
certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of, d, LISA_ANN_BISHOP	I further certify that the following marriage certificate was filed in my office:
certify that there was filed in my office a marriage license issued by the Cleated	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 26, 1993
certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 26, 1993 in HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the Cleated	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 26, 1993 in HENDRICKS
certify that there was filed in my office a marriage license issued by the Cleated 6-18-93, authorizing the marriage of decided LISA ANN BISHOP ROLAND D. PHILLIP, JR. Sate), at NORTH SALEM ERIC D. MCGINNIS of MARION LISA ANN BISHOP of HENDRICKS Contact a marriage license that was issued by the Clerk of the Circuit Court of	I further certify that the following marriage certificate was filed in my office: (name), certify that on
certify that there was filed in my office a marriage license issued by the Cleated 6-18-93, authorizing the marriage of description of the control of the co	I further certify that the following marriage certificate was filed in my office: (name), certify that on
certify that there was filed in my office a marriage license issued by the Cle ted	
tertify that there was filed in my office a marriage license issued by the Cle ted	

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 279

File

6-18-93

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 Examinati	ion or Report	t Dated 6-17-43
Name of Physician	richelle	Boyer

Are you now or have you ever been adjudged to be of unsound mind? First Middle VELLKAN Day Year Year County, State HEND County, State HEND OR No. of Previous Marriages Annulment Date Divorce Annulment Date Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? No Yes Yes Year	Name Discrete Dis
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Place of Birth Month Day 1969 Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Are you now or have you ever been adjudged to be of unsound mind? A POLIS (LAND A POL	Residence Address Street or R.R. City County State DO E
Are you now or have you ever been adjudged to be of unsound mind? Street or R.R. City County State HEND	Residence Address Street or R.R. City County State DO E
Are you now or have you ever been adjudged to be of unsound mind? State HEND State HEND OR No. of Previous Marriages Annulment Date Divorce Annulment Date Other (Specify) Took Driv. Lic.	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? OR No. of Previous Marriages OR No. of Previous Marriages Annulment Date Date Date Date Date Other (Specify) Took Driv. LiQ.	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Annulment Date Divorce Annulment Date Annulment Date Other (Specify) Took Driv. M.C.	Last Marriage Ended By: Death Divorce Annulment Date
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No! Yes Yes	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Date of birth verified by: Birth Certificate Other (Specify) Priver's Mic-
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Date of Differ Verified by. Differ Certain deep Control (Specify) Ar(VL/15 M.C.
If answer is "yes," has the adjudication been removed? No□ Yes □	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes □
Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
Are you now under the influence of an alcoholic beverage? No ✓ Yes ✓	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children,
(a) Full name of applicant's father Frank C, VELIKAD	6. (a) Full name of applicant's father JOHN ELWALA WOOTA
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) PANVILL IN	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Indina	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother VLTONICA ROTH PECK	(b) Full maiden name of applicant's mother DORIS Jean, Terne
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Brownsburg, IND.
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Andlaua
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).
gnature of Applicant Julik pate 6-18-93	Signature of Applicant & Clamary Wollan Date 6-18
The state of the s	
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given is this coefficient in true and correct in this coefficient in true and correct	State of Indiana) I swear/affirm that the information give
Signed Signed In this application is true and correct.	County of Signed Allana of World in this application is true and correct
New Address	New Address 535 Story + 1999 DG. Brownsburg
bscribed and sworn to before me this 18th day of August 19 93	Subscribed and sworn to before me this 18 day of 4mme, 19 93
owne Sausa clerk of the HENDRICKS Circuit Court	Connect Acues Orchet of the HENDRICKS Circuit Con
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
unity or	County or
ther ID # other ID #	FatherID #ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	TO THE RESIDENCE OF THE PARTY O
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties
THE RESERVE THE RESERVE THE CONTROL OF THE PARTY OF THE P	
RETURN OF MARRIAGE LICENSI	
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana
ated 6-18-93, authorizing the marriage of	PHILLIP F. VELIKAN
	I further certify that the following marriage certificate was filed in my offic
nd DIANA JO WOOTAN	(name), certify that on JUNE 26, 1993
REV. VINCENT P. LAMPERT	
REV. VINCENT P. LAMPERT late), at BROWNSBURG	_ inHENDRICKS County, Indiana,
REV. VINCENT P. LAMPERT date), at BROWNSBURG PHILLIP F. VELIKAN of HENDRICKS	_ inHENDRICKS
REV. VINCENT P. LAMPERT late), at BROWNSBURG PHILLIP F. VELIKAN of HENDRICKS OF HENDRICKS COUNTY OF HENDRICKS	_ inHENDRICKS
REV. VINCENT P. LAMPERT late), at BROWNSBURG PHILLIP F. VELIKAN of HENDRICKS DIANA JO WOOTAN of HENDRICKS Counter a marriage license that was issued by the Clerk of the Circuit Court of	_ inHENDRICKS
REV. VINCENT P. LAMPERT ate), at BROWNSBURG PHILLIP F. VELIKAN of HENDRICKS DIANA JO WOOTAN of HENDRICKS Cou	_ inHENDRICKS County, Indiana, County IN (state), and unty IN (state) were married by me as authorize

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

tate of Birth Licenstee And Day August 1965	Name Tiffany Lane Stalzitti Date of Birth Month Day Year
December 27, 1965	
Alecender of 1 145	ma. 1 1973
Place of Birth (State or foreign country)	Place of Birth (State or foreign comyy)
Crange Co. Indiana	Bernalella Men Repica
desidence Address Street of M.P. Street of M.P. City, County Physical State	Residence Address Street or R.R. City Plankeld Suffer
- 1/1/1/19	Previous Marital Status: Never Married Don No. of Previous Marriages
revious Marital Status: Never Married OR No. of Previous Marriages	Presides maintal diales. Presidental Destricts of February
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Pate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
	Const. And the second s
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes. No. Yes. No. Yes.
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
	4. Are you now under the influence of an arcotic drug?
	List the full names of any dependent children.
List the full names of any dependent children.	5. List the full names of any dependent children.
None	Hone
LOUNENCE PROPERTY	6. (a) Full name of applicant's father Richard analoxy Scal
(a) Full name of applicant's father Hallvierce Eugre Neighes	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased so state) North Carolina
Residence of father (State or foreign country)	residence of lattier (il deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother further with advanced list executive possess policy	(b) Full maiden name of applicant's mother New York Special Control of the adoption parents only)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) New They ico
Distribution of mother (State of Totaligh Country)	Simplace of monter (state of noting)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus, that causes AIDS (acquired
nmune deficiency syndrome). 7. 21/	immune deficiency syndrome)
ignature of Applicant X Ever Hughes Date 4/18/23	Signature of Applicant X Tylany Scalzutt Date 6/18/9
	000
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
THE RESIDENCE OF A STATE OF A STATE OF THE RESIDENCE AS A	
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS . in this application is true and correct.
Signed X Enc & Hughes	Signed X 14 January Scalar Star
New Address Parel Back day of Old Add 19 93	New Address 95/0. Premond Ct N. Panti
day of day of day of	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	CONNUCTATION Clock of the HENDRICKS Circuit Court
ONSENT OF PARENTS PARENT OR CHARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate facts which make the consent of the other parent unnecessary	state lacts which make the consent of the other parent unnecessary
tate of Indiana	State of Indiana
ounty of HENDRICKS ss:	County of HENDRICKS
ather	Father ID #
other ID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Discribed and sworn to before me this	Subscribed and sworn to before me thisday or, 19Clerk
CIERCE CONTROL	ALL STATE OF THE S
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	Because of the state of the sta
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	lerk of the Circuit Court of HENDRICKS County, Indiana,
ated6-18-93 authorizing the marriage of	ENTO DEE HOGHES
ndIIFFANY LANE SCALZITTI	I further certify that the following marriage certificate was filed in my office:
ORVAL V. SUTTON	(name), certify that on JUNE 26, 1993
date), at INDIANAPOLIS	inMARION County, Indiana,
ERIC LEE HUGHES of HENDRICKS	County IN (state), and IN (state) were married by me as authorized
	(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ REV. ORVAL SUTTON	
	6-30-93 (date).
iled and recorded in accordance with the laws of the State of Indiana on	6-30-93 (date).
	$\bigcap_{i=1}^{n} \frac{(aate)}{i}$
iled and recorded in accordance with the laws of the State of Indiana on	Signed Connie Lawson Cler

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE 281 **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment hicense acence Drivers No D Yes 🗌 No No Yes 🗌 No Yes Yes 🗌 No 🗆 No Yes Yes 🗌 No Yes No Yes ACKNOWLEDGMENT ACKNOWLEDGMENT State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS _ County, Indiana, 6-18-93 HAROLD ALONZO DAVIS , authorizing the marriage of _ MYRTLE MAE NAPIER . I further certify that the following marriage certificate was filed in my office: THOMAS E. BELL JUNE 22, 1993 (name), certify that on ____ (date), at ___INDIANAPOLIS HENDRICKS County, Indiana,_ HAROLD ALONZO DAVIS HENDRICKS IN (state), and MARION MYRTLE MAE NAPIER

County

Signed

MINISTER

(date).

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated 6-22-93

(official designation)

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

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

Signed by: /s/ REV. THOMAS E. BELL

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

Circuit Court

	FEMALE ARRIVANIT
MALE APPLICANT Name	FEMALE APPLICANT Name , First Middle Last
Robert J. Wolford Ir. Date of Birth Month Day Year	Date of Birth Month Day Year Year
1 16 54	9 9 57
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Shortland In. Inapls County State VIV.	158 Ceder Run Re. Biburg Hend W.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death □ Divorce ★ Annulment □ Date 1993	Last Marriage Ended By: Death Divorce Annulment Date 1984
Date of birth verified by: Sirth Certificate Sother (Specify) Drivers Ucuse	Date of birth verified by: Birth Certificate Cother (Specify) Drivers UCENSE
	V -
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Natalle - 10 yrs	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert J. Waltord	6. (a) Full name of applicant's father Plarold Fenley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) F(a	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Rito Marie Eckman	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Arlene Elsow
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother PTTIENE E1SOLU (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Fla.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)//U
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome
Signature of Applicant Date 6-18-19	Signature of Applicant Date 4/10/7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Connie Lawson Date 9/18/93	Clerk of Court Conne Sauson Date 0/18/93
State of Indiana) I swear/affirm/that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	State of Indiana County of HENDRICKS ss: swear/affirm that the information given
Signed & Nobert 1- Walford	Signed M. Dentay
New Address	New Address
Subscribed and sworn to before me this day of June, 19 93 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 18 day of ture 19 93 Clerk of the HENDRICKS Circuit Court
Clerk of the Circuit Court	Clerk of the REMORICAS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
Clerk	Subscribed and sworn to before me thisday of, 19
COMPLETE IE MARPIACE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-18-93, authorizing the marriage of	ROBERT JOSEPH WALFORD
and LINDA A. FENLEY CINDY SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on JUNE 18, 1993
(date), at DANVILLE	in (name), certify that on JUNE 18, 1993 in HENDRICKS County, Indiana,
ROBERT JOSEPH WALFORD of MARION	County IN (state) and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ CINDY SPENCE	HENDRICKS County, Indiana, dated 6-18-93
Signed by:/S/ CINDY SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	6-18-93 (date).
in decordance with the laws of the state of thatala on	0 . 9
	Signed Cornie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗵 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Dr. Ogren circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce Annulment Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 List the full names of any dependent children List the full names of any dependent children (a) Full name of applicant's father James Paul Sewell Indiana renda Birthplace of mother (State or foreign country) Kentuck **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs Clerk of Court Clerk of Court Signed Durendolyn L. ABOVE HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS 10 " Marriage COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-18-93

Authorizing the marriage of JEFFERY PAUL SEWELL _ County, Indiana, , authorizing the marriage of GWENDOLYN LEA HILLOCK I further certify that the following marriage certificate was filed in my office:

(name) certify that on AUGUST 7, 1993 JACK W. ELLIOTT, JR. (name), certify that on MORGAN MOORESVILLE (date), at MOORESVILLE
JEFFERY PAUL SEWELL County, Indiana, MORGAN (state), and County GWENDOLYN LEA HILLOCK HENDRICKS IN (state) were married by me as authorized that Indiana, dated 6-18-93 County HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /5/ JACK E. ELLIOTT, JR. HENDRICKS County, Indiana, dated _______
SENIOR PASTOR (official designation)

8-10-93

Signed

(date).

acuso

HENDRICKS

Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT No Yes 🔲 No / Yes Yes 🗌 No 🗌 No / Yes 🗌 No Yes 🗌 / Yes 🗌 No Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court in this application is true and correct. Cornel Jawson Clerk of the HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _____6-21-93 ____, authorizing the marriage of ____TIMOTHY RYAN RILEY , authorizing the marriage of _ MELINDA JO GAZVODA . I further certify that the following marriage certificate was filed in my office:

(name), certify that on ______ JULY 10, 1993 ROGER L. DEAN (name), certify that on _____ (date), at INDIANAPO INDIANAPOLIS _ County, Indiana,_ IN HENDRICKS County (state), and _ MELINDA JO GAZVODA HENDRICKS IN (state) were married by me as authorized _ County . HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/s/ ROGER L. DEAN County, Indiana, dated _

MINISTER

7-14-93

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

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

(official designation)

_ Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 18-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🛛 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Donald IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** DODALD MENDAY Date of Birth Indpls. HEND. IND 2229 LAKE OF LAMTERNS E. Dr. Previous Marital Status: Never Married OR No. of Previous Marriages Annulment Death Annulment Divorce Date Last Marriage Ended By: Last Marriage Ended By: Date of birth verified by: ☐ Birth Certificate Other (Specify) Other (Specify) Driver's Lic DrIVERS No 🛛 No X Yes 🗌 Yes 🔲 No 🗆 Yes 🗌 No 🗌 Yes 🗌 No 🔯 Yes 🗌 No K Yes 🔲 No X Yes 🗌 No 🔯 Yes 🗌 No 🔯 Yes 🔲 KOBERT Monday GEORGE ENGENE JONES KICHARD L Residence of father (if deceased, so state) HENDLINKS HENDRICKS Birthplace of father (State or foreign country) Indiana Todiana father (State or foreign country)_ of applicant's mother Marietta ROSE Goodnight Full maiden name of applicant's mother Dorothy Louise Dickey Residence of mother (if deceased, so state) HENDURES of mother (if deceased, so state) HENDLICES Birthplace of mother (State or foreign country) Indiana Birthplace of mother (State or foreign country) Indiana ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or Clerk of Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued. and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 18-93 DONALD J. BOUGH , authorizing the marriage of _ AMBER R. MONDAY . I further certify that the following marriage certificate was filed in my office: BRADLEY W. PRIDEMORE (name), certify that on ___JUNE 26, 1993 CLAYTON HENDRICKS (date), at _ County, Indiana, DONALD R. BOUGH HENDRICKS IN County (state), and _

HENDRICKS

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

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

Signed by: /s/ BRADLEY W. PRIDEMORE

__ County_

Signed

HENDRICKS

7-12-93

, ORDAINED MINISTER (official designation)

_ (date).

Daiso

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 6-18-93

AMBER R. MONDAY

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 286 **HENDRICKS** County -21-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** greencastle 4586 W.4005. Drivers license Date of birth verified by: Birth Certificate Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗌 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🗌 (a) Full name of applicant's father Morris Fred Collier father (if deceased, so state) . Coalesulle Su. mary luth Evans Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Lamara 4005 DANVILLE
Jay of June 19 93 day of June 19 93 Come dawson Clerk of the_ CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued. and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 1-2-93
TAMARA SUE FRANKLIN BRENT EVAN COLLIER , authorizing the marriage of __ _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on AUGUST 14, 1993 TED RIGDON, SR. (name), certify that on _ MORGAN MOORESVILLE _ County, Indiana, BRENT EVAN COLLIER IN County (state), and TAMARA SUE FRANKLIN HENDRICKS IN ___ (state) were married by me as authorized County, Indiana, dated 8-14-93 under a marriage license that was issued by the Clerk of the Circuit Court of _Signed by: __/S/ TED RIGDON, SR. HENDRICKS

MINISTER

8-20-93

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

(official designation)

Clerk

Circuit Court

Jawson

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 287

File

V 21-93

Date of Application

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Car Deuter	Name First Middle Last Wright
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
<u>I</u> D	<u>IN</u>
Residence Address Street or R.R. Sity County State	Residence Address Street or R.R. St. City Indoor. IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 12.27.91	Last Marriage Ended By: Death D Divorce Annulment Date
7 1001117	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Qother (Specify) Dr. Lic
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No No Yes □ Yes □ Yes □ No No No No No No No No No N
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No X Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No X Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Laward Carpenter	6. (a) Full name of applicant's father Harman N. Lewis
(if adopted, list adoptive parents only)	6. (a) Full name of applicant's father Harman D. Lewis (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Heleased
Birthplace of father (State or foreign country) TN	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Hanne betselvel	(b) Full maiden name of applicant's mother Huna Louise barland
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Deceased	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state). The coaled
Birthplace of mother (State or foreign country) TN	Birthplace of mother (State or foreign country)
Signature of Applicant	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
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the Clerk of the I swear/affirm that the information given in this application is true and correct. Aday of Archive 19 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Aura May wight New Address 2 18 Magnolia Da Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clei
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated $6-21-93$, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, WALDO CARPENTER
and LAURA M. WRIGHT	I further certify that the following marriage certificate was filed in my office
	(name), certify that on JULY 3, 1993
	_ inMARIONCounty, Indiana,CountyIN(state), and
LAURA M. WRIGHT of MARION Co.	untyIN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-3-93
Signed by: /s/ JERRY L. WILLIAMS	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-6-93 (date).
	simula Commission Rosers
	Signed OTNICO) acostor Clerk

Signed by: /s/ CINDY SPENCE

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

STATE OF INDIANA

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

Name of Physician

The Medical Examination or Report Dated

Name of Physician A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of birth verified by: Birth Certificate Other (Specify) No yes 🗆 No Yes No Yes No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin' No E / Yes 🗌 / Yes 🗆 Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _ County of HENDRICKS Clas New day of June 19 9 3
HENDRICKS _ Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued_ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HEND dated 6-21-93, authorizing the marriage of KEITH LOVITT BRANDENBURG , authorizing the marriage of __ DIANA LEE REYNOLDS _ . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ JULY 2, 1993 CINDY SPENCE (date), at _____DANVILLE HENDRICKS . County, Indiana,_ KEITH LOVITT BRANDENBURG of_ County _ IN _(state), and HENDRICKS DIANA LEE REYNOLDS IN _ of___ _ County _ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 7-2-93

1ST DEPUTY CLERK (official designation)

(date).

Clerk Circuit Court

Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician R. J. Housell IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 4007 Death Date of birth verified by: Birth Certificate Hother (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 No 🗌 Yes 🗌 Yes 🔲 No 🗆 No Yes Yes 🗌 No Yes No Yes ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. Clerk of Court State of Indiana CONSENT OF PARENTS PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, authorizing the marriage of _ KATHLEEN MARGARET NORRIS . I further certify that the following marriage certificate was filed in my office:

(name), certify that on __JULY 6, 1993 I, __CINDY SPENCE (name), certify that on _ HENDRICKS DANVILLE County, Indiana, DANNY RAY REED HENDRICKS IN County (state), and KATHLEEN MARGARET NORRIS of_ (state) were married by me as authorized HENDRICKS IN County under a marriage license that was issued by the Clerk of the Circuit Court of _Signed by: __/S/ CINDY SPENCE HENDRICKS County, Indiana, dated ___ 1ST DEPUTY CLERK (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed by: /s/ DEBRA A. HEDRICK

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

290 HENDRICKS County 6-23-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT Death Date of birth verified by: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 Yes 🗌 No 🗆 /Yes 🗆 No Yes 🗌 Yes 🗌 ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Circle Lawrence burg. IN 47025 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-23-93, authorizing the marriage of JAWAAD A. ROHMAN County, Indiana, UZMA Z. UNUS . I further certify that the following marriage certificate was filed in my office:

(name), certify that on ____JUNE 23, 1993 DEBRA A. HEDRICK DANVILLE HENDRICKS (date), at _ County, Indiana,_ JAWAAD A. ROHMAN IN County (state), and UZMA Z. UNUS HENDRICKS _ County. IN (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of

County, Indiana, dated _

(official designation)

Clerk Circuit Court

1ST DEPUTY CLERK

(date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. <u>291</u>
HEND.	RICKS County File
	6-24-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician
IC 31-7-3 commits a Class D felony.	Traine of Thysician
MALE APPLICANT	FEMALE APPLICANT Name Sirest Middle Last
Name David allan Hodson	Date of Birth Month Day Vear
Date of Birth Month Day Year 7/	30 73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Indunipalis In.
Residence Address 1 Bax 163 Cratesacle In.	16 RI Bax 163 Continuite In 16/2
Previous Marrial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married CR_No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Author (Specify) Sh. Kie.	Date of birth verified by: Birth Certificate Suber (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
71.4	
6. (a) Full name of applicant's father Donald Regene Hodisi	6. (a) Full name of applicant's father William Clinton Cauld
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Plaulell Sa
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother There Durn	(b) Full maiden name of applicant's mother Bridget Edell Wal
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 6/24/9	immune deficiency syndrome).
Signature of Applicant Date 0/27/9	Signature of Applicant Fdy R. Cay (Swell) Date 6-24-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed Annual Day day of	County of HENDRICKS Signed Ida R. Canddwell in this application is true and correct.
New Address SAME	New Address Same
Subscribed and sworn to before me this 24 day of HENDRICKS (Special County)	Subscribed and sworn to before me this 24 4 day of June , 19 93
Corne daves Clerk of the HENDRICKS Circuit Court	Clerk of the HENBRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	I fourther contifu that the following marriage contifuence Classics
and	I further certify that the following marriage certificate was filed in my office: (name), certify that on
(date), at	_ in County, Indiana,
	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty (state) were married by me as authorized County, Indiana, dated
Signed by:	

_ (date).

HENDRICKS

_ Clerk

_Circuit Court

Signed ___

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 6-77-03 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No-A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Michael F 1071 N. Green St circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Bourg MALE APPLICANT **FEMALE APPLICANT** Death Divorce Annulment Death Divorce 🗌 Annulment Last Marriage Ended By: Last Marriage Ended By: Date of birth verified by: Birth Certificate Deter (Specify) Dr. C. Birth Certificate Other (Specify) No Yes No No 🗌 Yes 🗌 Yes 🗌 No 🗌 No X Yes 🔲 No ♥ Yes □ No Yes No No Yes 🗌 Are you now under the influence of an alcoholic beverage? No Yes 🗆 (a) Full name of applicant's father Dary Phillip Ra Richert James Allen Sheeler By burg IN Mississippi Tradith Lynn Bachmann Residence of father (if deceased, so state) New Berlin Wisc name of applicant's mother Dancy Marie North of mother (if deceased, so state) B'burg IN of mother (if deceased, so state) New Berlin Wisc Birthplace of mother (State or foreign country) 15c ice of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS W. Fantain Dr. New Brin WI 5 315 day of HENDRICKS , 1993 day of HENDRICKS Subscribed and sworn to before me this ___ Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-24-93 BRIAN PHILLIP RICHERT dated _____6-24-93 , authorizing the marriage of _ and KIMBERLY LYNN SHEELER . I further certify that the following marriage certificate was filed in my office: (name), certify that on ____JUNE 26, 1993 I, REV. WILFRED E. DAY in HENDRICKS (date), at ____BROWNSBURG __ County, Indiana,_ BRIAN PHILLIP RICHERT of_ County WISC. WAUKESHA (state), and KIMBERLY LYNN SHEELER of HENDRICKS _ County_ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 6-24-93 CATHOLIC PRIEST (official designation) Signed by: /s/ REV. WILFRED E. DAY 6-28-93 Filed and recorded in accordance with the laws of the State of Indiana on_ (date). Signed Clerk

Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under mes Tol IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Annulment Last Marriage Ended By: Yes 🗌 No _ Yes _ No 🗌 Yes 🗌 Yes 🗆 No No Yes 🗌 No Yes Yes 🔲 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS cribed and sworn to before me this 24 a Subscribed and sworn to game Clerk of the Corne pawson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-24-93, authorizing the marriage of ANTHONY DOUGLAS RAY _ County, Indiana, authorizing the marriage of _ SUSAN MARY KONOVSEK . I further certify that the following marriage certificate was filed in my office:

(name), certify that on __AUGUST 21, 1993 and REV. WILFRED E. DAY (name), certify that on _ (date), at BROWNSBURG HENDRICKS County, Indiana, of_HENDRICKS ANTHONY DOUGLAS RAY IN (state), and SUSAN MARY KONOVSEK HENDRICKS IN (state) were married by me as authorized County HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 6-24-93 CATHOLIC PRIEST (official designation) Signed by: /s/ REV. WILFRED E. DAY 8-24-93 Filed and recorded in accordance with the laws of the State of Indiana on_

Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

294 **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Divorce 🗌 Last Marriage Ended By: Birth Certificate Birth Certificate No No V Yes 🗌 Yes 🗌 No / Yes No 🗆 Yes 🔲 No D / Yes □ Yes 🗌 Nove No V / Yes 🗌 Yes 🗌 No V Yes 🗌 List the full names of any dependent children ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. pene. 19 93 HENDRICKS Conne Lawson Clerk of the Connel Lawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-25-93 authorizing the marriage of LARRY ALAN JUNOD authorizing the marriage of _ LORRI ANN BALTHIS . I further certify that the following marriage certificate was filed in my office: PASTOR ALAN J. BARBER JULY 17, 1993 (name), certify that on ___ GREENCASTLE _ County, Indiana,_ LARRY ALAN JUNOD County (state), and LORRI ANN BALTHIS HENDRICKS County (state) were married by me as authorized unty Indiana, dated 7-17-93 HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of .

Signed by: __/S/ ALAN J. BARBER County, Indiana, dated _ PASTOR (official designation) 7-23-93 Filed and recorded in accordance with the laws of the State of Indiana on (date).

Circuit Court

Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 295

HENDRICKS

File

6-25-93

Date of Application

Female Applicant 50 No Yes 6-22-93

If No, Medical Examination or Report Dated 6-22-93

Name of Physician Report Dated Market Mark

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

FEMALE APPLICANT MALE APPLICANT Date of Birth Death Divorce Death Birth Certificate Nod Yes 🗌 No Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 / Yes 🗆 No 🗌 Yes 🗌 NON / Yes 🗌 No Yes 🔲 /Yes 🗆 No 🗸 No 🗸 Yes 🔲 No V Yes 🗌 No D I acknowledge that I have rece The above applicant has objected to verifying The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court HENDRICKS Cannel dawson clerk of the onne Jawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. , authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-25-93, authorizing the marriage of CHRIS L. GOINS County, Indiana, , authorizing the marriage of _ CONNIE B. HAMILTON . I further certify that the following marriage certificate was filed in my office: (name), certify that on _____ JUNE 30, 1993 CINDY SPENCE (name), certify that on HENDRICKS DANVILLE (date), at_ County, Indiana, HENDRICKS IN CHRIS L. GOINS County (state), and CONNIE B. HAMILTON HENDRICKS IN (state) were married by me as authorized into Indiana, dated 6-30-93 County HENDRICKS HENDRICKS County, Indiana, dated _
1ST DEPUTY CLERK (official designation) under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ CINDY SPENCE 6-30-93 Filed and recorded in accordance with the laws of the State of Indiana on.

Signed

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

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

Birthplace of mother (State or foreign country)_____

acknowledgment because of religious beliefs

HENDRICKS

anne fames Clerk of the

CONSENT OF PARENTS, PARENT, OR GUARDIAN

State of Indiana

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 🗹 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 6-29-93 circuit court when the person applies for a marriage license under Name of Physician P. Satista, M.D. **FEMALE APPLICANT** MALE APPLICANT Date of birth verified by: Birth Certificate No Yes 🗌 Yes 🗌 No / Yes No 🗆 / Yes 🗆 No ☑ / Yes □ No No 🗗 / Yes 🗆 No D Yes 🗌 No D Yes 🗌 ohio ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. I swear/affirm that the information given I swear/affirm that the information given day of June, 19 93 day of here . 19 93 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs

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_Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by th	ne Clerk of 1	the Circuit Court of	HENDRICKS	_ County, Indiana
dated 7-14-93, authorizing the marriage of	of D	AN STEPHEN AM	MBROSE	
and AMY ELIZABETH TAGUE	I fi	urther certify that the f	following marriage certificate	was filed in my office
I,JEFFREY L. TAGUE		(name), certify that of	AUGUST 7, 19	993
(date), atBROWNSBURG	in_	HENDRICKS	County, Indiana,	
DAN STEPHEN AMBROSE of CUYAHOGA	Count	y OH	(state), and	
AMY ELIZABETH TAGUE of HENDRICKS		IN	(state) were married	
under a marriage license that was issued by the Clerk of the Circuit Cou			County, Indiana, dated _	
Signed by: /s/ JEFFREY L. TAGUE		PASTOR	(official designation)	
Filed and recorded in accordance with the laws of the State of Indiana	on	8-18-93		
		The state of the s		

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No > Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By Last Marriage Ended By: Yes 🗌 No Yes 🔲 No / Yes No [Yes 🗌 No V / Yes 🗆 Yes 🗌 /Yes 🗆 No Yes 🔲 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court Au 1543 woodside DI Conne Jawan CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County . and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-25-93 , authorizing the marriage of RICHARD ALLEN JONES and KAREN KAY VESTILE . I further certify that the following marriage certificate was filed in my office: (name), certify that on ___JULY 3, 1993 I. REV. RONALD E. McDUGLE (date), at ____DANVILLE HENDRICKS County, Indiana, RICHARD ALLEN JONES HENDRICKS IN _(state), and County KAREN KAY VESTILE IN HENDRICKS HENDRICKS (state) were married by me as authorized

County, Indiana, dated 7-3-93

Clerk

Circuit Court

(official designation)

acusor

HENDRICKS

MINISTER

7-7-93

Signed

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

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

Signed by: /s/ REV. RONALD E. McDUGLE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the whith Robinson circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married Death Last Marriage Ended By: Last Marriage Ended By: No Yes No 🗆 No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🗌 No Yes No Yes Yes 🗌 Are you related to the female applicant closer than second cousin? List the full names of any dependent children List the full names of any dependent children of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court day of June , 19 93
HENDRICKS Cornel dawson Clerk of the HENDRICKS Conne gamen CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-28-93 authorizing the marriage of PETER WILLIAM BATTISTINI . County, Indiana, CAROL ELIZABETH TURNER, authorizing the marriage of ____ . I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 2, 1993 ALLEN SPARKS (name), certify that on _ MONTGOMERY (date), at CRAWFORDSVILLE
PETER WILLIAM BATTISTINI of-CRAWFORDSVILLE _ County, Indiana, IN _(state), and CAROL ELIZABETH TURNER of MARION IN (state) were married by me as authorized County HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ ALLEN SPARKS County, Indiana, dated _ MINISTER (official designation) 7-9-93

_ Clerk

Circuit Court

HENDRICKS

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS -28-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of birth verified by: Birth Certificate Other (Specify) No Yes No 🗆 Yes 🗌 No Yes 🗆 No Yes No Yes 🗆 No Yes 🗆 No Yes ACKNOWLEDGMENT Clerk of Court day of June, 19 93 Connedauson Corne dowson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued _ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated ________, authorizing the marriage of _______ CHARLES VINS _ County, Indiana, CHARLES VINSON SEARS , authorizing the marriage of _ SUZETTE C. PARKER . I further certify that the following marriage certificate was filed in my office: CYNTHIA SPENCE JUNE 28, 1993 (name), certify that on __ DANVILLE HENDRICKS County, Indiana, CHARLES VINSON SEARS HENDRICKS County (state), and SUZETTE C. PARKER HENDRICKS (state) were married by me as authorized __ County. HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 6-28-93 1ST DEPUTY CLERK (official designation) Signed by: /s/ CYNTHIA SPENCE

6-28-93

(date).

Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 147

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 6-28-93
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 Charles Concerns

MALE ARRIVANT	FEMALE APPLICANT
MALE APPLICANT Name Stat A Middle Last	FEMALE APPLICANT Name First Middle Last
Jeffrey Bryan Perry	Gina marie Williams
Date of Birth Month Pay 26 Year 7	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
627 Barrett St. Nanville In.	1027 Barrett St. Danville IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married X OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Delice of their formation of the continuous of t	Site of Sittle Former Control Opening Dy. C.C.
The state of the s	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No S Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes S. List the full names of any dependent children.
5. List the full frames of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father James anthony terry	6. (a) Full name of applicant's father Fred Williams
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Stillsgulle, Sn.	Residence of father (if deceased, so state) Thouana
Birthplace of father (State or foreign country) Sulland	Birthplace of father (State or foreign country) Croqu
(b) Full maiden name of applicant's mother which the Russian	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sullsall, S.	Residence of mother (if deceased, so state) Holland
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Thouana
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-28-93, authorizing the marriage of and GINA MARIE WILLIAMS	
and GINA MARIE WILLIAMS I. REV. JOHN SCHOETTELKOTTE	I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 17, 1993
(date), at GREENCASTLE	DIIMNAM
TEFFDEY DOVAN DEDDY . UENDDICKS	in County, matana,
GINA MARIE WILLIAMS HENDRICKS	County IN (state), and punty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 7-17-93
Signed by: /s/ JOHN SCHOETTELKOTTE	, CATHOLIC PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-21-93 (date).
	11
	Signed Cornel Jawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗹 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Speedway The Diral Elinia IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Bona D Date of Birth 10143 Newanna Never Married OR No. of Previous Marriages Never Married Previous Marital Status: Divorce 🗌 Death Last Marriage Ended By: Last Marriage Ended By: Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify) Not Yes 🗌 No DA Yes 🗌 No 🗆 Yes 🗌 No 🗆 Yes 🗌 No D Yes 🗌 Yes 🔲 No D Nota Yes 🗌 Yes 🗌 Yes 🗌 No D No IS (a) Full name of applicant's father Soumen Kauffman Virazina Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation Clerk of Court State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, MICHELLE MARIE COFFMAN . I further certify that the following marriage certificate was filed in my office: I, PAUL E. BLEDSOE JULY 3, 1993 (name), certify that on _ MARION (date), at __INDIANAPOLIS County, Indiana, RONALD LYNN KAUFFMAN HENDRICKS IN County _ (state), and MICHELLE MARIE COFFMAN of_ MARION IN (state) were married by me as authorized _ County_ County, Indiana, dated 6-29-93

HENDRICKS

7-7-93

SINGLES MINISTER (official designation)

(date).

Clerk Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 302

HENDRICKS

County

File

6-29-93

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 Robert Heavin, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Indiana
Route 1, Box 58 Clayton, In.	Residence Address Street or R.R. City County State Kowte 1, Box 58 Clayton Headricks In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Descripty Diviers dicense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes No Yes No No Yes No No Yes No No Yes No No No N	3. Are you now under the influence of an alcoholic beverage?
5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father Edward E. Halcomb	
6. (a) Full name of applicant's father Edward E. Halcomb (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Donald L. Tearson (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Fadiana	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Arkassas	Birthplace of father (State or foreign country) Fadiana
(b) Full maiden name of applicant's mother Sue Stokes	(b) Full maiden name of applicant's mother Vickie J. Angrick
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) — Tholiana	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana
Control of the Contro	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant James Mucheal Halambate 625-53	Signature of Applicant & Stefanic Jeann Whellone 6/29/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
AND THE RESIDENCE OF CASE PARTY OF THE	
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICAS TO THE Signed A CONTROL MICHAEL THE SIGNED TO THE SI	County of HENDRICKS ss: in this application is true and correct.
New Address Same as alone	New Address Danielas alone
Subscribed and sworn to before me this 29th day of June 19 93	Subscribed and sworn to before me this 29th day of June 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court	Connie Sawson Clerk of the HENDRUCKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSTITUTE DISTRICT OF CONTROL OF
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Country of HENDRICKS SS:	State of Indiana) Country of HENDRICKS SS:
Father ID #	County of
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHT	T AND MADDIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated 6-29-93 authorizing the marriage of	JAMES MICHAEL HALCOMB County, Indiana,
and STEFANIE JEANNE WHEELER	I further certify that the following marriage certificate was filed in my office:
I, C. GLEN BURNSIDE	(name), certify that onJULY 17, 1993
(date), at MOORESVILLE JAMES MICHAEL HALCOMB of HENDRICKS	inMORGANCounty, Indiana,
CTEFANTE TEANNE WHEELED HENDELCUC	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	uniy (state) were married by me as authorized
Signed by: /s/ C. GLEN BURNSIDE	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-26-93 (date).
	ρ . φ
	Signed Connectainson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No X If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Birth Certificate Nova Yes 🗌 No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No . Yes 🗌 No 🗆 Yes 🗌 No Yes 🗌 No d Yes 🔲 No Yes No Yes 🗌 Yes 🗌 No Yes 🔲 I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS HENDRICKS Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, authorizing the marriage of _ AMY LUCINDA BLANFORD . I further certify that the following marriage certificate was filed in my office:

(name), certify that on _____JULY 10, 1993 LARRY L. BELLVILLE (name), certify that on HENDRICKS BROWNSBURG (date), at_ County, Indiana, JAY BENTON HEALEY HENDRICKS IN County (state), and AMY LUCINDA BLANFORD HENDRICKS IN ___ (state) were married by me as authorized _______County, Indiana, dated ______6-30-93______ County. under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ LARRY L. BELLVILLE HENDRICKS MINISTER (official designation)

7-13-93

Signed

(date).

Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 6-30-93
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 16 No, Medical Examination of Report Dated 6-24-93

Name of Physician X. Winelstein

MALE APPLICANT	FEMALE APPLICANT
Name First Middle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name First Aliddle Last
Date of Birth Month Day Year 7	Date of Birth Monty Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indianapalie In the state of th	Dubuaye, Jawa
Residence Address 2 Street or R.R. City County State 2	Residence Address Street or R.R. City County Gate
Previous Marital Status: Never Married OR No. of Previous Marriages	The many 341-4 cargain, on.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Stather (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
William Control of the Control of th	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes Yes Yes Yes
Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
les set Pinish	D 1 1 1 L
6. (a) Full name of applicant's father Redward H. Cicclerka	6. (a) Full name of applicant's father Tay. J. Kinuth
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother many Joan Satton	(b) Full maiden name of applicant's mother. Chere Brand
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Moneyoulle, In.	Residence of mother (if deceased, so state) Clayton, S.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Immune deficiency syndrome).	1656
Signature of Applicant Land VIII a Date 6-39-2	Signature of Applicant Lively January Date 6-36-93
	() / 7
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address Stames	Signed They a Stanton
Subscribed and sworn to before me this 30 at day of June 19 93	Subscribed and sworp to before me this 30 day of June 19 93
Conne Lawan Clerk of the HENDRICKS Circuit Court	Conside Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS 98:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	
andCINDY LOU SMITH	I further certify that the following marriage certificate was filed in my office:
I, REVEREND RICHARD ZORE	(name), certify that on JULY 17, 1993
(date), at PLAINFIELD	in HENDRICKS County, Indiana,
CINDY I OH CMITTH HENDRICKS	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ REV. RICHARD ZORE R	OMAN CATHOLIC PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-21-93 (date).
	1. 9
	Signed Connie Jawson Clerk
	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County Female Applicant 50 No Yes If No, Medical Examination of Report Dated 6-21-93

Name of Physician

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

MALE APPLICANT	FEMALE APPLICANT
Seffrey David Bostic	Name Leanne Marie Saddie
Date of Birth / Month 1 Day 7 Year 70	Date of Birth Month 1 Day Year 7 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. A. T. City County & State Caracy	Residence Address Street or R.R. City Occurry 'D State
Previous Marital Status: Never Married OK OR No. of Previous Marriages	Previous Marital Status: Never Married Sept No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) D1. 210.	Date of birth verified by: Birth Certificate Other (Specify) Dr. Tic.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	Are you related to the male applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
Namid them Basti	Med mad Lo & Haddie
6. (a) Full name of applicant's father a street of the str	6. (a) Full name of applicant's father () (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Pluinfield.	Residence of father (if deceased, so state) Pleastell In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Patricialan Tealche	(b) Full maiden name of applicant's mother Tatricial And Thut
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a that of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 30 Julis 93	Signature of Applicant Janne M. Janlie Date 30 June 3
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDACES in this application is true and correct.
Signed New Address SAME AS AGO VE	New Address 6870 103 RD ST AFT 213, JACKSONVILLE, &
Sepscribed and sworn to before me this 30 TH day of JUNE, 19 93	Subscribed and sworn to before me this 50 th day of June 19 95
Come daws Clerk of the HENDRICKS Circuit Court	Concedence Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) HENDRICKS SS:
County of HENDRICKS SS.	County of HENDRICKS SS:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MADDIACE LICENSE ISSUED DV CROED OF COURT	A marriage Beans having have after the the shown in
County	A marriage license having been refused to the above named parties, the
and filed in, authorize	
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, JEFFREY DAVID BOSTIC
, , , , ,	I further certify that the following marriage certificate was filed in my office:
I, STEPHEN WHITE	(name), certify that on JULY 3, 1993
(date), at PLAINFIELD	in HENDRICKS County, Indiana,
TELLUM MARTE CARRED	County IN(state), and
	unty IN (state) were married by me as authorized HENDRICKS County Indiana dated 7-3-93
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ STEPHEN WHITE	
Filed and recorded in accordance with the laws of the State of Indiana on	7-7-93 (date).
	0.0
	Signed Conne Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County -30-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician morant circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind' No 🗆 Yes 🗆 Yes 🗌 No Yes 🗆 / Yes 🗌 No Yes Yes 🗌 **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court SAME 304 Corned awar Clerk of the medaws Rierk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ______ dated _______, authorizing the marriage of ______JAMES MICHAEL RICE HENDRICKS County, Indiana, CHRISTINE ELAINE TRIMBLE _ . I further certify that the following marriage certificate was filed in my office:

(name). certify that on _____ JULY 31, 1993 HAROLD LEININGER II (name), certify that on _ HENDRICKS

County, Indiana,_

County, Indiana, dated .

auson

HENDRICKS

(state), and _

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

IN

IN

HENDRICKS

PASTOR

8-6-93

County

County

HENDRICKS

BROWNSBURG

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ___/s/ HAROLD LEININGER II

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

CHRISTINE ELAINE TRIMBLE of

HENDRICKS

HENDRICKS

JAMES MICHAEL RICE

Clerk of Court

and filed in

(date), at _

Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No X Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: No Yes No / Yes No 🗌 Yes 🔲 No D Yes 🗌 No 🗹 Yes 🗌 No 🗹 / Yes 🗆 Yes 🗌 No Yes List the full names of any dependent children ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS HENDRICKS Connedurancierk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give con-HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-2-93 authorizing the marriage of ROBERT FRANK VONDERSAAR , authorizing the marriage of _ and __ RITA CRAIG CHAMNESS . I further certify that the following marriage certificate was filed in my office: (name), certify that on ___JULY 4 , 1993 I, J. MATT HARRISON (name), certify that on _ HENDRICKS DANVILLE (date), at DANVILLE
ROBERT FRANK VONDERSAAR County, Indiana, HENDRICKS (state), and ROCHELLE CRAIG CHAMNESS of HENDRICKS (state) were married by me as authorized nty, Indiana, dated 7-4-93 County under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/S/ J. MATT HARRISON HENDRICKS County, Indiana, dated _ PREACHER (official designation)

7-7-93

HENDRICKS

Signed

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

308 HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician MALE APPLICANT **FEMALE APPLICANT** No Yes No 🗌 / Yes 🗌 Yes 🗌 No Yes 🗆 Yes 🗌 Yes 🗌 Yes 🗌 No Yes ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs Clerk of Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant, hereby give consent for this HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-1-93 authorizing the marriage of STEPHEN MICHAEL MERZ _ County, Indiana, 7-1-93 $_$, authorizing the marriage of $_$ SANDRA LEE BAL . I further certify that the following marriage certificate was filed in my office:

(name), certify that on _____JULY 8, 1993 REV. DENNIS L. DODSON (name), certify that on _ HENDRICKS BROWNSBURG County, Indiana,_ FLORIDA STEPHEN MICHAEL MERZ County _ (state), and _ SANDRA LEE BAL LEE FLORIDA (state) were married by me as authorized _ County _ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: ___/s/ REV. DENNIS L. DODSON County, Indiana, dated _ MINISTER

(official designation) 7-9-93 Filed and recorded in accordance with the laws of the State of Indiana on_

> auson Signed HENDRICKS Circuit Court

_ Clerk

acknowledgment because of religious beliefs.

vance dawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

Clerk of Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

7-2-93

Date of Application

Female Applicant 50 No Yes Date of Application

If No, Medical Examination or Report Dated

Name of Physician 1. The H.D.

County, Indiana,

(state), and

(official designation)

County, Indiana, dated 7-2-93

(state) were married by me as authorized

Circuit Court

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

FEMALE APPLICANT MALE APPLICANT Yes 🗌 Yes 🗌 No 🗆 / Yes 🗆 No 🗌 Yes 🔲 /Yes 🗆 No 🔽 No Yes | Yes 🗌 ACKNOWLEDGMENT CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-2-93

authorizing the marriage of JERRY JOSEPH SPARKS , authorizing the marriage of . CONNIE JO OPPY I further certify that the following marriage certificate was filed in my office:

(name) certify that on JULY 3, 1993 I, S. V. STILES

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

DANVILLE

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

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

HENDRICKS

HENDRICKS

County

__ County_

IN

PASTOR

7-6-93

HENDRICKS

(date).

JERRY JOSEPH SPARKS

Signed by: /s/ S. V. STILES

CONNIE JO OPPY

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 7-2-93 Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. 6-30-93 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Date of birth verified by: Birth Certificate Yes 🗌 No 🗆 Yes 🗌 "ves." has the adjudication been removed? No 🗆 Yes 🗌 Yes 🗌 No Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 List the full names of any dependent childr ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS HENDRICKS 0 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE , authorizing the marriage of _ LORI ANN LANDES . I further certify that the following marriage certificate was filed in my office: GARY D. COLLIER AUGUST 7, 1993 (name), certify that on ____ CLOVERDALE _ County, Indiana,_ JAMES EARL PRICE HENDRICKS County _(state), and _ LORI ANN LANDES HENDRICKS County. (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ GARY D. COLLINS County, Indiana, dated 8-7-93

MINISTER

8-10-93

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

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

(official designation)

HENDRICKS

Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 3//
File

Date of Application

Female Applicant 50 No 7 Yes If No, Medical Examination or Report Dated
Name of Physician Name of Phys

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

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

Female Applicant 50

If No, Medical Examinat Name of Physician Name of Phys

MALE APPLICANT	FEMALE APPLICANT
Name Robert Allen Ramsdell Jr.	Name First Middle Last Stearley Date of Birth Month Day Veer
Date of Birth Day Year Log Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
ICRI Box 433 Clayton IN	- E Dame
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date \ - 93	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12-3-8
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ Yes □ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No X Yes Yes Yes
5. List the full names of any dependent children. Raches Wisty	5. List the full names of any dependent children. Neraka, Nichle,
	Hleyander
6. (a) Full name of applicant's father Robert A. Romstell Sr.	Tool B. Bions
6. (a) Full name of applicant's father Tabert H. (cmstell or). (If adopted, list adoptive parents only).	6. (a) Full name of applicant's father Land Ray Burns (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Patrice	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Alaska	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Linda Plan Jackson	(b) Full maiden name of applicant's mother \ helma Louise broves
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Has ps ton IL	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Leightigh Acres FC
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ADVINOUS FRANCIST	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant & Golvert Pannsolly Date	Signature of Applicant Allie Stearley Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed X Pobert C Canned?	County of HENDRICKS in this application is true and correct.
New Address	Signed Allebie Theory New Address
Subscribed and sworn to before me this day of, 19 93	Subscribed and sworn to before me this day of, 19 13
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENT. OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHT	TE AND MADDIAGE OFFICIALE
	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	ROBERT ALLEN RAMSDELL JR.
andDEBBIE L. STEARLEY	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on JULY 2, 1993
ROBERT A. RAMSDELL JR. of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
DEBBIE L. STEARLEY of HENDRICKS Co	untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated7-2-93
Signed by: /s/ CINDY SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-2-93 (aate).
	Signed Course Lawrence

HENDRICKS

Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 7-2-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 📉 Yes If No, Medical Examination or Report Dated
Name of Physician A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 504 Last Marriage Ended By: Last Marriage Ended By: No Yes 🗌 No 🗆 Yes 🗌 No 🗹 Yes 🗌 No 🗹 No 🗹 Yes 🗌 No 🔽 Yes 🗌 No Yes 🗌 **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or Clerk of Court orne Jawan CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

authorizing the marriage of JEFFREY ALLAN BOURNE _ County, Indiana, , authorizing the marriage of __ BRENDA SULLIVAN . I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 17, 1993 JOHN CALDWELL (name), certify that on _ HENDRICKS (date), at INDIANAPOLIS
JEFFREY ALLAN BOURNE INDIANAPOLIS County, Indiana, HENDRICKS _(state), and BRENDA SULLIVAN HENDRICKS IN (state) were married by me as authorized mtv. Indiana, dated 7-17-93 . County. HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ JOHN CALDWELL

County, Indiana, dated ___

(official designation)

SENIOR PASTOR

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Nox If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician L. Trammell, M circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Last Marriage Ended By: Other (Specify) Other (Specify) No 🗌 / Yes 🗎 No 🔲 Yes 🔲 Yes 🔲 No Yes 🗌 Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court HENDRICKS HENDRICKS Cornie Lawson Clerk of the Connie Jawan Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 7-2-93 BRIAN JAMES JOHNSON , authorizing the marriage of _ KIMBERLY DAWN HENSON . I further certify that the following marriage certificate was filed in my office: GREGORY LEE RATLIFF (name), certify that on JULY 10, 1993 (date), at PLAINFIELD HENDRICKS _ County, Indiana,_

HENDRICKS

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _____/S/ GREGORY LEE RATLIFF

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

County.

Signed

HENDRICKS

(date).

SR. MINISTER

(state), and

County, Indiana, dated _

(official designation)

(state) were married by me as authorized

Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 147

BRIAN JAMES JOHNSON

KIMBERLY DAWN HENSON

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

IC 31-7-9-1. Furnishing false information upon applying for license	١.
A person who knowingly furnishes false information to a clerk of th	
circuit court when the person applies for a marriage license unde	r
IC 31-7-3 commits a Class D felony.	

Female Applicant 50 No 🖺 Yes 🗆
If No, Medical Examination or Report Dated
Name of Physician The Medical Lab. Trades

MALE APPLICANT	FEMALE APPLICANT
Name / First Middle A Last	Name First Middle Last
Date of Birth Month Day Your Your	Date of Birth Month Day Year
11 9 74	9 19 75
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Railroad St. Liston State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes ✓	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 1 Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
	THE RESIDENCE OF THE PERSON OF
6. (a) Full name of applicant's father Edward Lee Albright Sr.	6. (a) Full name of applicant's father John L. Fraser
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Liztmin	Residence of father (if deceased, so state) B' burg TN
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TP (b) Full maintenname of applicant's mother 1 har latte T. Fisher
(b) Full maiden name of applicant's mother Donna Marte Harvey	(b) Full maiden name of applicant's mother than to the the first adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Lizton IN	Residence of mother (if deceased, so state) Bburg IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) TN
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a jist of the test sites for the virus that causes AIDS (acquired
	immune deficiency syndrome). ; / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature of Applicant X Elizand 7 Alleyfut He Date 46/93	Signature of Applicant & Run Very Masks Date 1/6/7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana State of Indiana State of Indiana I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X alund Jaluful fr 7/6/93 New Address Same as above	Signed X New Address
Subscribed and sworn to before me this day of day of 19 13	Subscribed and sworn to before me this day of, 19 93
Clerk of the HENDRICKS O Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State facts which make the consent of the other parent differensially	state lads which make the consent of the outer parent dimeessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father X John C 7 10 # 307 H2 2499
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of 1993
Subscribed and sworn to before me thisday of, 19	Subscribed and swith to before the this and day of the state of the st
	A marriage license having been refused to the above named parties, the
Countyauthoris	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Co	llerk of the Circuit Court of HENDRICKS County, Indiana,
	EDWARD L. ALBRIGHT, JR.
and KIMBERLY D. FRASER VERNON J. STOVER, JR.	I further certify that the following marriage certificate was filed in my office:
(date), at LIZTON	(name), certify that on JULY 10, 1993 in HENDRICKS County, Indiana,
EDWARD L. ALBRIGHT, JR. of HENDRICKS	County IN (state), and
VIMPEDIV D EDACED UENDDICKS	ounty (state), and ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 7-7-93
Signed by: /s/ VERNON J. STOVER	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-13-93 (date).
	a Coming Land
	Signed O'NIC O'ACUSON Clerk HENDRICKS Circuit Court
	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 7-6-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician . circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Death 🗌 Last Marriage Ended By: No 🗌 /Yes 🗌 No 🗌 Yes 🗌 No Yes No Yes Yes No V Yes 🔲 No Yes 🔲 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court signed lude pompon Connie down Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, , authorizing the marriage of _ AUDRY ADLINE DENSON . I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on _____ JULY 10, 1993
in HENDRICKS _____ County, Indiana. I, REV. VINCENT P. LAMPERT BROWNSBURG (date), at BROWNSBURG
MICHAEL JOHN WOLFCALE County, Indiana, IN County _(state), and HENDRICKS County AUDRY ADLINE DENSON IN (state) were married by me as authorized _ of_

HENDRICKS

7-13-93

Signed

CATHOLIC PRIEST (official designation)

_Clerk Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date 1991 Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 / Yes 🗌 No 🗆 Yes 🗌 No / Yes 🗆 No 🗹 Yes 🗌 No Yes No / Yes 🗆 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases Date 7-6-93 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Signed Dam my Plainfield HENDRICKS Conne dawson Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

dated 7-6-93 authorizing the marriage of KEVIN WAYNE SCHRIBER HENDRICKS _ County, Indiana, , authorizing the marriage of _ TAMMY DAWN SCOTT . I further certify that the following marriage certificate was filed in my office:

(name). certify that on JULY 6, 1993 CINDY SPENCE (name), certify that on HENDRICKS DANVILLE County, Indiana, KEVIN WAYNE SCHRIBER HENDRICKS IN County _ _(state), and _ TAMMY DAWN SCOTT MARION IN County (state) were married by me as authorized HENDRICKS

County, Indiana, dated 7-6-93

Clerk Circuit Court

, 1ST DEPUTY CLERK (official designation)

Signed by: /s/ CINDY SPENCE

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No Z If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Birth Certificate No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗌 Yes 🗆 No 🗌 Yes 🗌 No 🗹 / Yes 🗌 Yes 🗌 No Yes Yes 🗌 No Yes The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued. , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, , authorizing the marriage of _ DARCI JANE MILLER . I further certify that the following marriage certificate was filed in my office:
______ (name), certify that on ______ JULY 31, 1993 HUBERT GREEN (name), certify that on HENDRICKS (date), at PLAINFIELD
GARY ALLEN PELLOM PLAINFIELD County, Indiana, IN County (state), and DARCI JANE MILLER HENDRICKS IN (state) were married by me as authorized unty Indiana dated 7-26-93 County under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ HUBERT GREEN HENDRICKS County, Indiana, dated _ PASTOR (official designation)

8-9-93

(date).

HENDRICKS

Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes 7

If No, Medical Examination or Report Dated

Name of Physician Lamely Heath Care

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First A Middle Last	Name A First, Middle 7 Last
Date of Birth Month Day 19 Year 63	Date of Birth Month 4 Day 3 / Year 7
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County Stafe	Residence Address / Steet or R.R. City County - State 2
485/ Locust St Varaille, In.	7214 Bay 161 Brogel In Clay
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married AS No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Girth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes S. List the full names of any dependent children.
	5. Elst the fall ratines of any department children.
Lauren La Dans	1 1 1 1 1 1 1
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father Samuel Manager
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Brazil .
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Belling Law Telohs	(b) Full maiden name of applicant's mother Sharon Ray Haffman
(If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Palianapaliana.	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT J acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndromes 4 (7)	immune deficiency syndrome).
Signature of Applicant Turks Xavrence World Date 7-6-15	Signature of Applicant Yatricia Ann Haddon Date 7-6-93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: /in this application is true and correct.
Signed Admes danceres Occord New Address SAME	Signed Patricia A. Haddon
Subscribed and sworn to before me this 6th day of Only 19 93	New Address 4851 Locus + St Danville, IN 46 Supportised and sworn to prefere me this 6 day of Daulus 19 93
Circuit Court	Cornel Journ Clerk of the HENDREKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant, heady, give consent for this parents of the parents
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) ss:
FatherID #	County of
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	lerk of the Circuit Court of HENDRICKS County Indiana
dated 1-10-93 authorizing the marriage of	JAMES LAWRENCE ACORD
and PATRICIA ANN HADDON , and really the marriage of DANIEL L. FRENCH	. I further certify that the following marriage certificate was filed in my office:
I, INDIANAPOLIS	(name), certify that on JULY 17, 1993
JAMES LAWRENCE ACORD of HENDRICKS	in MARTON
PATRICIA ANN HADDON of CLAY Con	ounty (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-17-93
Signed by: /s/ DANIEL L. FRENCH	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-21-93 (date).
	Signed Cornie Land
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No If No, Medical Examination or Report Dated
Name of Physician A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Last Marriage Ended By: Yes 🗌 No D/ No / Yes Yes 🔲 No Yes | Yes | No Yes 🗌 Yes 🔲 No Yes List the full names of any dependent children. ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS Consultation Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ , authorizing the marriage of _ and _ . I further certify that the following marriage certificate was filed in my office: (name), certify that on _

County.

Signed .

_ County, Indiana,_

_County, Indiana, dated _ (official designation)

(date).

_(state), and _

(state) were married by me as authorized

Clerk Circuit Court

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

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

(date), at

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

320 **HENDRICKS** County -8-93 No X IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated 7-27
Name of Physician 9 Medical Standards A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce Annulment Annulment Birth Certificate Other (Specify) rth Certificate Other (Specify) Yes 🗌 No / Yes No / Yes 🗌 Yes 🗌 No Yes Yes 🗌 ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or Stace Cornie Jawson HENDRICKS (CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of . County, Indiana, 7-8-93 , authorizing the marriage of _____DAVID_LEE McDOWELL STACEY LYNN AUSTIN . I further certify that the following marriage certificate was filed in my office: I. _ LYNN COLEMAN JULY 17, 1993 (name), certify that on _ (date), at _____BROWNSBURG

HENDRICKS

County

IN

IN HENDRICKS

PASTOR

7-20-93 (date).

HENRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ LYNN COLEMAN

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

HENDRICKS

County, Indiana,_

(state), and

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated 7-17-93

DAVID LEE McDOWELL

STACEY LYNN AUSTIN

Residence Address

Last Marriage Ended By:

Clerk of Court

and filed in.

Corne Lawson

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Nox If No, Medical Examination of Report Dated
Name of Physician A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Yes 🗌 Yes 🗌 No d Yes 🗌 Yes 🗌 No Yes No D Yes 🗌 No Ves **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases 7/8/93 The above applicant has objected to verifying by oath or affirmation or CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 7-8-93 THOMAS ANTHONY CAREW , authorizing the marriage of _ CHERYL DENICE MORGAN . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ JULY 16, 1993 GEORGE D. BILLEISEN (name), certify that on HAMILTON CARMEL County, Indiana, THOMAS ANTHONY CAREW HENDRICKS IN County (state), and CHERYL DENICE MORGAN IN (state) were married by me as authorized MARION County. HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ GEORGE D. BILLEISEN County, Indiana, dated _ MINISTER (official designation)

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

8-5-93 Filed and recorded in accordance with the laws of the State of Indiana on_

County

Signed Clerk Circuit Court

Court, by written order issued_

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No X Yes 7-6-93

If No, Medical Examination or Report Dated 7-6-93

Name of Physician 2. Walker D.O.

PART AND DESCRIPTION OF THE PART OF THE PA	
MALE APPLICANT	FEMALE APPLICANT
Name Harald Keith Hearman	Name Circthia Grace Whelhas
Date of Birth Month 4 Day 4 Year 40	Date of Birth Month // Day 7 Year 5/
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address A Street or R.R. City # County Office
77921 Day 126 degton, In. Hend.	575 M. Thadeson #1606 Checago, Il.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
	- CHOPES.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? 1. No Yes 1. If answer is "yes," has the adjudication been removed? 1. No Yes 1. Yes 1. Yes 1.
2. Are you related to the female applicant closer than second cousin? No ☑/ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Merle Planman	6. (a) Full name of applicant's father Frank Snaw
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Clinar have Simms	(b) Full maiden name of applicant's mother audies Reith Magne
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Crawn Facint, In.	Residence of mother (if deceased, so state) Sunf Rapids M
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant Cynthen Brace Wello Date 7-8-93
Signature of Applicant The Land Land Control Date 1895	Signature of Applicant Type Prace Wellon Date 7-8-72
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: / I in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Jan Many Comment	Signed Cynthen Grace Welton
New Address 8d Culling 13	New Address RR/ Box 126, Lister In 46149
Subscribed and sworn to before me this day of	aubscribed and sworn to before me this day of HENDRICKS 19 93
O) Oliver of the control of the cont	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Cerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County Indiana
dated 7-8-93, authorizing the marriage of _	HAROLD KEITH PEARMAN
andCINTHIA GRACE UBELHOR	I further certify that the following marriage certificate was filed in my office:
I,CYNTHIA J. SPENCE (date), at DANVILLE	(name), certify that on JULY 8, 1993in HENDRICKS County, Indiana
HAROLD KEITH PEARMAN of HENDRICKS	in HENDRICKS County, Indiana, _ County IN (state), and
CYNTHIA GRACE UBELHOR of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 7-8-93
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_	7-8-93 (date).
	Signed (Daniel Dela)
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Yes 🗌 No / Yes Yes 🗌 No 🗌 No D Yes 🗌 No Yes 🗌 / Yes 🗆 Yes 🗌 Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** Clerk of Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ___ JULY 31, 1993 and JENNIFER LYNNE HUDOCK PHILIP G. MEYER TERRE HAUTE VIGO County, Indiana,_ GEOFFREY RYAN PAYNE HENDRICKS IN County (state), and JENNIFER LYNNE HUDOCK (state) were married by me as authorized VIGO IN

County

HENDRICKS

PASTOR

8-9-93

(date).

County, Indiana, dated 7-31-93

Clerk Circuit Court

(official designation)

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ PHILIP G. MEYER

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 8-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT No Yes No 🗆 /Yes 🗆 No 🗆 Yes 🗌 / Yes 🗌 / Yes 🗆 Yes 🗆 No B Yes 🗌 No Yes No Yes The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature acknowledgment because of religious beliefs. I swear/affirm that the information given in this application is true and correct CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give const HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-8-93 authorizing the marriage of JEFFERY ALLEN STONE HENDRICKS authorizing the marriage of _ PATRICIA GALE WINKLER . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____ JULY 10, 1993 I, A. W. FARNSWORTH IV (name), certify that on _ HENDRICKS DANVILLE County, Indiana,_ JEFFERY ALLEN STONE MONROE IN County _ _(state), and PATRICIA GALE WINKLER of_ HENDRICKS County (state) were married by me as authorized

HENDRICKS

(date).

CLERGY

7-14-93

County, Indiana, dated _

(official designation)

Clerk Circuit Court

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ___/S/ A. W. FARNSWORTH IV

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes I If No, Medical Examination of Report Dated 7-Name of Physician 101. Occhary

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Last	Name Sirist Middle Ostern
Date of Birth Month Day 24 Year 70	Date of Birth Month Day 3 / Year 6 3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street, or R.R. 4 Gity / Columby 9 Syste	Residence Address W Street or Bery Latt 34-3 County Internal
7880 W 10 h Let 34-3 Nent maple on.	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date / 991
Date of birth verified by: Birth Certificate Other (Specify) O. T.Le	Date of birth verified by: Birth Certificate Other (Specify) In. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? Yes Yes Yes	If answer is "yes," has the adjudication been removed? No Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ❤️ Yes ☐ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full names of any dependent children.
1010 7:00	000 PD. 1. +
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father 1974 Tobbleson (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Allegelel, In.	Residence of father (if deceased, so state) Lebana, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (if adopted, list adoptive parents only).	(b) Full maiden name of applicant's mother.
Residence of mother (if deceased, so state) Inclanspalie In	Residence of mother (if deceased, so state) Lebanon, In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant work July Date 7/3/93	immune deficiency syndrome). Signature of Applicant Date 7/8/9=
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana)
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss: swear/affirm that the information given by this application is true and correct.
Signed Trunk Guld	Signed Sold Show
New Address Subscribed and sworn to profes me this 8th day of July 19 93	New Address Subscribed and sworn to before me this Aday of Ouclas, 19 9 3
Corne Jawan Clerk of the HENDRICKS Circuit Court	Coming Sawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
TODA ANNI OCEDODA	FRANK CARL FIELDS I further certify that the following marriage certificate was filed in my office:
I, REV. SUSAN N. DEVERALL	
(date), atBROWNSBURG FRANK CARL FIELDS of HENDRICKS	_ inHENDRICKS County, Indiana,
LODA ANN OCDODN	CountyIN(state), and untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-24-93
Signed by: /s/ REV. SUSAN N. DEVERALL	,
Filed and recorded in accordance with the laws of the State of Indiana on	1-21-93 (date).
	Signed Connie Lawson Clerk
ROYSE FORMS + SYSTEMS 1-400-389-4702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** No Yes 🗆 No 🗆 /Yes 🗆 No -Yes 🗌 Yes 🗆 No No Yes 🗌 /Yes 🗆 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court HENDRICKS Signed Martha Consider Jawan Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, MARTHA CAROLYN HARTWIG _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on _____JULY 9, 1993 CINDY SPENCE (date), at ___ DANVILLE HENDRICKS _ County, Indiana, CLARENCE RAYMOND GREENE HENDRICKS IN County _ MARTHA CAROLYN HARTWIG of HENDRICKS County. IN (state) were married by me as authorized HENDRICKS

County, Indiana, dated 7-9-93

Circuit Court

1ST DEPUTY CLERK (official designation)

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

Signed by: /s/ CINDY SPENCE

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Muchul circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Birth Certificate No No 🗆 Yes 🗆 No 🗆 Yes 🗌 Yes 🗌 No Yes 🗌 Yes 🔲 List the full names of any dependent children ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Subgribed and swell to the Crane duren Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 7-19-93 authorizing the marriage of STEPHAN BRUCE SUTTON JENNIFER LYNN KENNEDY _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on ___JULY 24, 1993

HENDRÍCKS

IN

MINISTER

7-28-93

HENDRICKS

(date).

HENDRICKS

HENDRICKS

County

Signed

County, Indiana,

(state), and

County, Indiana, dated _

(official designation)

(state) were married by me as authorized

7-19-93

Clerk Circuit Court

LARRY L. BELLVILLE BROWNSBURG

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ LARRY L. BELLVILLE

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

(date), at BROWNSBURG
STEPHAN BRUCE SUTTON

JENNIFER LYNN KENNEDY

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Troy Tomlinson	Name Michele Patricia Holzknecht
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
RRI Box 390 31 Clayton IN	350 Pinnacle La PIFal. ID
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 10.92	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Quiter (Specify) DV. Liv.	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 X Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🔼 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug? No A Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
3. (a) Full name of applicant's father Honor Oyner Allen Tomlins on	6. (a) Full name of applicant's father Thomas Lee Holcknecht
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Llauton TN	Residence of father (if deceased, so state) 1144 110
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Doyce. Han Lumpkin	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Indith. Ann broninger
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Wayton In	Residence of mother (if deceased, so state) PHO IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
Immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	res and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana, ALLEN TROY TOMILINSON
	I further certify that the following marriage certificate was filed in my office:
, WILLIAM R. CLAYTON	(name), certify that on JULY 24, 1993
(date), at PLAINFIELD	_ in HENDRICKS County, Indiana,
THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by:/s/ WILLIAM R. CLAYTON	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-27-93 (date).
	// /
	11
	Signed Conne Jawson Clerk

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of birth verified by: Birth Certificate NoB No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No / Yes No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? Yes 🗌 Yes 🔲 No Yes Yes 🗌 Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or HENDRICKS Plainfield, IN _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued_ County and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, 7-14-93 JEREMY LEE WRIGHT , authorizing the marriage of ___ CYNTHIA MICHELE DAY . I further certify that the following marriage certificate was filed in my office: LARRY C. WRIGHT (name), certify that on AUGUST 7, 1993

JACKSON

County

County

IN

IN

MINISTER

HENDRICKS

(date).

HENDRICKS

JACKSON

County, Indiana,_

(state), and

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated 7-14-93

(date), at _

SEYMOUR

Signed by: /s/ LARRY C. WRIGHT

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

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

JEREMY LEE WRIGHT

CYNTHIA MICHELE DAY

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-9-93
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 of Report Dated 7-9-93

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
ne First PMiddle M Last	Name Angela Angela Last
e of Birth Month Day Year 70	Date of Birth Month Q Day 5 Year 70
6 13 10	Place of Birth (State or foreign country)
e of Birth (State or foreign country)	Truncistle In.
dence Address Street of R.R. City County (State	Residence Address Street or R.R. City State
mars on Name on.	Previous Marital Status: Never Married OR No. of Previous Marriages
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Solution of Local Common Control Contr	
the state of the s	
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes Yes Yes Yes	Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes
Are you now ander the inhabited of a financial stage.	5. List the full names of any dependent children.
List the full names of any dependent children.	C. Life its its matter of any opposition
(a) Full name of applicant's father Larry L. Tharman	6. (a) Full name of applicant's father fames X. Allmaner
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother ludicy 16. Knanson	(b) Full maiden name of applicant's mother (b) (if adopted list adoptive parents only)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome). A form	immune deficiency syndrome)
gnature of Applicant 100m Date 11175	Signature of Applicant Wiggett). With the Date 1999
the shows that the shipped to profit in a burner of the shows	The above applicant has objected to verifying by oath or affirmation or signature to the above
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
The state of the s	
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information giver set HENDRICKS) ss:
ounty of HENDRICKS in this application is true and correct.	County of P
New Address 153 Secamone St. Brownsbarch dn.	Signed Wiggla (). Summers New Address 5 AME
New Address 195 Septembre 15 Process Address 195 Septembre 195 Address 195 Add	Subscribed and sworth to before me this July day of 9, 19 93
ornel Lawsor Clerk of the HENDRICKS Circuit Court	Cornie Lawson Clerk of the HENDRICKS Circuit Cour
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana) HENDRICKS ss:
(i) (ii) (i) (ii) (ii) (ii) (ii) (ii) (County of
ther ID #	Father
boseribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	Cler
Clerk	
Clerk	
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county, authorize, authorize, authorize, authorize, authorize, authorize, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties E AND MARRIAGE CERTIFICATE
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County, authorized and filed in, authorized certify that there was filed in my office a marriage license issued by the Classical County, and filed in my office a marriage license issued by the Classical County, and filed in my office a marriage license issued by the Classical County, and filed in my office a marriage license issued by the Classical County, and filed in, and filed in, and filed in, and filed in	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county, authorized, authorized, authorized, authorizing the marriage of, authorizing the marriage of, authorizing the marriage of,	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county, authorized, authorized, authorized, authorizing the marriage of, authorizing the marriage of, authorizing the marriage of,	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	Court, by written order issued es and directs the issuance of a marriage license to the above named parties EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, KEVIN PAUL NORMAN I further certify that the following marriage certificate was filed in my office (name), certify that on JULY 31, 1993 in HENDRICKS County, Indiana,
County	Court, by written order issued es and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, KEVIN PAUL NORMAN I further certify that the following marriage certificate was filed in my office
certify that there was filed in my office a marriage license issued by the Clated 7-9-93 authorizing the marriage of ANGELA RENEE SUMMERS ANDREW J. SIMKINS date), at DANVILLE EVIN PAUL NORMAN of HENDRICKS	es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
County	Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	Court, by written order issued es and directs the issuance of a marriage license to the above named parties EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
County	Court, by written order issued es and directs the issuance of a marriage license to the above named parties EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, KEVIN PAUL NORMAN I further certify that the following marriage certificate was filed in my office (name), certify that on JULY 31, 1993 in HENDRICKS County, Indiana, County IN (state), and unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 7-31-93 MINISTER (official designation)

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS 7-9-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dr. Wilmont IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind' Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗌 Yes 🗌 No 🗹 Yes 🗌 Yes 🗌 No Yes Yes 🗌 No Yes ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court emme HENDRICKS O Cornegairan CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued. and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 7-9-93 , authorizing the marriage of ____JIMMIE LEE SCHUSTER BARBARA KAY ALLEN _ . I further certify that the following marriage certificate was filed in my office: DAVID BERTHOLD (name), certify that on JULY 10, 1993 BROWNSBURG HENDRICKS (date), at _ County, Indiana, JIMMIE LEE SCHUSTER **HENDRICKS** County (state), and (state) were married by me as authorized BARBARA KAY ALLEN HENDRICKS IN _ County under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _ MINISTER Signed by: /s/ DAVID BERTHOLD (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-13-93 (date).

Signed

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Last Marriage Ended By: No Yes No 🗆 Yes 🗌 No 🗌 Yes 🗌 No 1 Yes 🗆 No 1 Yes 🔲 No Yes No Yes NoV Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs Clerk of Court Clerk of Court clerk of the Circuit Court once Jawan HEMORICKS _Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, , authorizing the marriage of ___ JOHN F. LIPHARDT, JR. 7-9-93 TREVA M. DAVIS __. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ____ JULY 14, 1993 I, FR. C. S. CHESEBROUGH DANVILLE HENDRICKS _ County, Indiana,. HENDRICKS JOHN F. LIPHARDT, JR. IN _(state), and TREVA M. DAVIS HENDRICKS IN (state) were married by me as authorized _ County. under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ FR. C. S. CHESEBROUGH HENDRICKS County, Indiana, dated _

PASTOR

7-19-93

(official designation)

Circuit Court

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

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes 7-1
If No, Medical Examination of Report Dated 7-1
Name of Physician 7. Stegemaller

MALE APPLICANT	FEMALE APPLICANT
Name Jason Matthew Chambers	Name angela Marie Heles
Date of Birth Month Day 23 Year 72	Date of Birth Month Pay Year 23
Place of Birth (State or foreign country) Danaille In	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
14935 Cty Rd 525 W Varaelle, In	The Rufi 40 Crallwelle, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date / 99.3	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) On. Lic.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Not Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
Jessica Chambers, 14 ms	
6. (a) Full name of applicant's father Calain J. Weatherly	6. (a) Full name of applicant's father John Elsa Wiles
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Minghester, In.	Residence of father (if deceased, so state) Cratesuelle, In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother with the street of the street	(b) Full maiden name of applicant's mother alana Thanguerus (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Okkvelle, Fr.	Residence of mother (if deceased, so state) Crategaelle Ja
Birthplace of mother (State or foreign country) — ——————————————————————————————————	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-1295	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information give ss:
County of	Signed ONCOLO M. WILD in this application is true and correct
New Address Same	New Address 1493 S. CR525 W. Danville, IN
Subscribed and sworn to before me this 12th day of July , 19 93	Subscribed and sworn to before me this 12th day of help 1993
Clerk of the HENDACKS Circuit Court	Clerk of the HENDRICAS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Classical $7-12-93$	erk of the Circuit Court of HENDRICKS County, Indiana,
, danorizing the marriage of	JASON MATTHEW CHAMBERS I further certify that the following marriage certificate was filed in my office
I, GREGORY LEE RATLIFF	(name), certify that on JULY 17, 1993
(date), at NEW WINCHESTER	_ in HENDRICKS County, Indiana,
ANCELA MADIE WILLE	County IN (state), and unty IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-12-93
Signed by: /s/ GREGORY LEE RATLIFF	,
Filed and recorded in accordance with the laws of the State of Indiana on_	$\frac{7-19-93}{2}$ (date).
	Signed Comile Rocks
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-12-93
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 3-2-93
If No, Medical Examination or Report Dated 3-2-93
Name of Physician Dianke, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Daxiel Francis Zielinski Date of Birth Month, Day	Name Patricia Maddle Last Date of Birth Month Day 2, Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. A City County State	Residence Address Street or R.R. City 0 + County States
Previous Marrial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOB No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annuiment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) D1 914).	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ✓ / Yes □
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Direct Northert Zellist	6. (a) Full name of applicant's father Milton Urther Jamm
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Poslann Roach	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Jeanne Rosellen Curr
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Jeffersonvelle In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Date 7-/2-93	immune deficiency syndro(rie). Signature of Applicant Santiacia M Samm Date 7/12/93
A Cooperation of the cooperation	organical or approximation of the state of t
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Address Subscribed and sworn to before me this Address MENDRICKS Subscribed and sworn to before me this Address Circuit Count	State of Indiana County of HENDRICKS Signed HOULES Signed HOULES Subscribed and sworm to before me this Agy of HENDRICKS Circuit Court
CONSENT OF PARENTS. PARENT OR GUARDIAN	CONSCIUT OF PROPERTY OF CHAPPINA
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana)
Father ID #	County of ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated 7-12-93, authorizing the marriage of	
and PATRICIA MAE LAMM	I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 17, 1993
I, FATHER C. S. CHESEBROUGH (date) at DANVILLE	HENDITCKC
DANVILLE DANVILLE DANVILLE HENDRICKS	th County, Indiana,
0	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by me as aumorized
Signed by: /s/ FR. C. S. CHÉSEBROUGH	,PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	$\frac{7-19-93}{}$ (date).
	Canada La
	Signed ONNIE AUSON Clerk
ROYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated 7—
Name of Physician A, Advard Campbell

MALE APPLICANT	FEMALE APPLICANT
Name Marcus allen Arachl	Name S First A Middle S State
Date of Birth Month 2 Day 28 Year 5-2	Date of Birth Month 5 Day 9 Year 5 Z
Place of Birth (State or foreign country) Jamos Lally - 7 C.	Place of Birth (State or foreign country) Lesse Lesses
Residence Address The Street or R.R. City B County State	Residence Address Se Street or R.R. / City Of County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1993
- 7 8 9	Date of birth verified by: Birth Certificate Author (Specify)
Date of birth verified by: Sirth Certificate Pother (Specify)	- Minae
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Acatt alloa Burns 17 us.
2 9 9	
6. (a) Full name of applicant's father Mucus alove 1 rockle	6. (a) Full name of applicant's father from the foreign ducarel
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Angula.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother substituting the Musser (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother when the first state of the
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome) Museum A Darll 2-12-95	immune deficiency syndrome). Super B Burn Date 7-12-9
Signature of Applicant / William Cl. / Floory Date / 12-78	Signature of Applicant NUSON 13 13 UUND Date 1-15
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
State of Indiana) I swear/affirm that the information given County of HENDRICKS) ss:	County of HENDRICKS ss: in this application is true and correct.
New Address 139 Duffey 5th	Signed Susan B B Warms New Address Same
Subscribed and sworn to before me this 12th day of July 19 93	Subscribed and sworn to betwee me this 128 day of July 19 93
CINAL Jawan Clerk of the HENDRICKS Circuit Court	CHARLE ALLES Clerk of the HENBRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
sale lads which make the consent of the other parent unnecessary	State lacts which make the consent of the other parent diffecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT OF	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated 7-12-93 authorizing the marriage of	PARCUS ALLEN PROEHL MARCUS ALLEN PROEHL
and SUSAN BARBARA BURNS	
I, REV. BEVERLY PROEHL (date), at ANGOLA	in STEUBEN County, Indiana,
MARCUS ALLEN PROEHL of MARION	County IN(state), and
SUSAN BARBARA BURNS of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ REV. BEVERLY PROEHL	
Filed and recorded in accordance with the laws of the State of Indiana on	7-23-93 (date).
	Signed Connie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-12-93
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 7-2-93
If No, Medical Examination of Report Dated 7-2-93
Name of Physician Forker Bromedical Lab

MALE ADDITIONAL	FEMALE APPLICANT
Name First Middle / Lags	FEMALE APPLICANT Name First Middle Last A Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Domhalder Germany	Chicago, Il.
417 allen on Brunsburg In	Hesigence Address Street or A. Brunshung State .
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Other (Specify) A Lic.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Dary M. Deneral 13 yrs.
6. (a) Full name of applicant's father Real Rengent Skerd	6. (a) Full name of applicant's father Hasson Abdullah
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Weckers Birthplace of father (State or foreign country) Indiana	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother lattly Blavers	(b) Full maiden name of applicant's mother focus and a Stabes
(If adopted, list adoptive parents only). Residence of mother (if deceased so state) Bedfard In	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Date 4/4/93	Signature of Applicant Samyen Bancroft Date 7-12-5
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address SAME.	Signed Danych Dancroft New Address Same
Subscribed and sworn to before me this 12th day of July 19 93	Subscribed and sworn to before me this 12 4 day of July 19 93
Clerk of the HENDRICKS Circuit Court	Corne Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	res and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-12-93, authorizing the marriage of	DAVID EUGENE IKERD
AND DAVID R. THOMPSON	I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 17, 1993
(date), atINDIANAPOLIS	_ in MARION County, Indiana,
DAVID EUGENE IKERD of HENDRICKS SAMYEH BANCROFT of HENDRICKS Co	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ REV. DAVID R. THOMPSON	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-21-93 (date).
	· · · · · ·
	Signed Orne Daisson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

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

Birth Certificate Other (Specify)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ MALE APPLICANT **FEMALE APPLICANT** No Yes 🗌 No Yes No 🗆 Yes 🗌 No V Yes □ No Yes 🗌 Nov / Yes 🗆 No 🗖 Yes 🔲 No 1 Yes 🗌 No ACKNOWLEDGMENT **ACKNOWLEDGMENT** The above applicant has objected to verifying by oath or affirmation day of JULL HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued

and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-12-93

authorizing the marriage of JAMES THOMAS CARLSON dated , authorizing the marriage of . I further certify that the following marriage certificate was filed in my office:

(name) certify that on AUGUST 14, 1993 REV. WILFRED E. (name), certify that on HENDRICKS BROWNSBURG date), at BROWNSBURG
JAMES THOMAS CARLSON County, Indiana, IN HENDRICKS County (state), and LORI ANN KELLEY HENDRICKS IN (state) were married by me as authorized County _ of__ CATHOLIC PRIEST (official designation) HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _Signed by: ___/5/ REV. WILFRED E. DAY (official designation) 8-16-93 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

Signed

Clerk Circuit Court

State of Indiana

HENDRICKS

CONSENT OF PARENTS, PARENT, OR GUARDIAN

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-12-93
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 7-2-93
If No, Medical Examination or Report Dated 7-2-93
Name of Physician 7. Xansell, M.D.

MALE APPLICANT	FEMALE APPLICANT
ame P First + Middle . Lidst	Name Lisa Gail ausmax
ate of Birth Month, Day 7 Year 7	Date of Birth Month Q Day , Q Year , 9
11 25	Place of Birth (State or foreign country)
ace of Birth (State or foreign country)	Deech Grove, In.
sidence Address Street or R.R. # City County State	Residence Address & Street of R.R. # 26 Danville In
e02016. 910 106 Notalle St	
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Scher (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
le of birth verified by: Birth Certificate Other (Specify)	- 10 1010100
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
Are you now under the influence of a narcotic drug? No ✓ Yes ☐	Ac yes not alact the many transfer of the control o
List the full names of any dependent children.	5. List the full names of any dependent children.
	Danielle ausman 3 yrs.
(a) Full name of applicant's father Nicky New Byers	6. (a) Full name of applicant's father Elvien allan Newby
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother medical write the samuel	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome).	immune deficiency syndrome()
ignature of Applicant 3 Work 15 years Date 7-12-93	Signature of Applicant Fusion Clean Date 1-13-
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
clerk of Court Date	
state of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Problem Byers	Signed Fusa G. Cumanan
New Address 5 A M E	New Address Same
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk of the RENDRICAS Circuit Court	CIER OF THE
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	THE RESIDENCE OF THE PROPERTY
state of Indiana)	State of Indiana)
county of	County of HENDRICKS SS.
ather ID #	Father ID #
fother ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cleri
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in authoriz	zes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Co	Tlerk of the Circuit Court of HENDRICKS County, Indiana,
lated 7-12-93 authorizing the marriage of _	ROBERT MORRIS BYERS
and LISA GAIL AUSMAN	I further certify that the following marriage certificate was filed in my office
, PATRICK L McDORNON	
dutc), di	inMORGANCounty, Indiana,
NODDINE HOLINES DESIGN	_ County IN (state), and county IN (state) were married by me as authorized
	TIPATORICKO CO CO CO CO
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:	County, material, dated
Filed and recorded in accordance with the laws of the State of Indiana on_	
nea and recorded in accordance with the taws of the state of matana on_	1 . 1
	Signed Connel Tawson Clerk
	Signed HUNDRICKS Circu

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 339

File 7-13-93

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 18-93
If No, Medical Examination or Report Dated, 7-8-93
Name of Physician Steven alkins, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name First VI. Migdle Last	Name Katherine Middle anne Lastimmer me
Date of Birth Month Day 4 Year 69	Date of Birth Month 4 13 71
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Indianapalis In.
Residence Admiss Street or R.R. 228-41 County State S	Residence Address Street or R.R. City Roynty Nagresoil
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married KQR_No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Getter (Specify) Dr. Ric.	Date of birth verified by: Birth Certificate Sother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes ✓
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes Yes No Yes Ye
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? Not Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Karlin - Se- Jan	De in Michael Brian en
6. (a) Full name of applicant's father ralls - Smalls (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Olanes Michael Jinanelina (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indianapalia, the	Residence of father (if deceased, so state) Musesaille, Sm.
(b) Full maiden name of applicant's mother than male Hamilton	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother fact Kney Buckeway
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)
ACCURATE FOLIANCE	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Land Victor Acr ders Date 7-13-83	Signature of Applicant Atherine A Aummur Man pate 7-13-93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS 4 in this Application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed Kerl Victor Lender	Signed Katherike A Immerman
New Address 14/3 /2 COLUMBIA 57, Laf. IN 4/7904 Subsequed and sworn to Defore me this 13th day of July, 19 93	New Address 1413/6 Columbia St. Lol. 11747904 Subscribed and sworn to before me this 21et day of July, 19 93
Consideration Clerk of the HENDROCKS Circuit Court	Connectaires Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Country of HENDR4CKS ss:	State of Indiana) ss:
County of TENDREAS Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
COMPLETE IE MARRIAGE LICENSE ISSUED BY OPDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 7-13-93 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, KARL VICTOR SANDERS
and KATHERINE ANNE ZIMMERMAN	I further certify that the following marriage certificate was filed in my office:
I, HAROLD R. WALKER (date), at INDIANAPOLIS	in (name), certify that on JULY 24, 1993
KARL VICTOR SANDERS of JOHNSON	County IN (state), and
KATHERINE ANNE ZIMMERMAN HENDRICKS Conunder a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 7-13-93
Signed by: /s/ HAROLD R. WALKER	,
Filed and recorded in accordance with the laws of the State of Indiana on	7-27-93 (date).
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Signed Connie Lawson Clerk
	HENDRICKS CONTRACTOR

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes 17If No, Medical Examination or Report Dated 7Name of Physician 7. Harrable,

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name I First Middle Last	Name First Middle Past
Date of Birth Month Day Year 7 -	Date of Birth Month Day Year 177
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Jerre Haute, In.	Belch Grove In
Residence Address, Streek of BIR. City C. Court State State A. Character State Streek of BIR.	Residence Address 4 Hindmell D. Fluinfield In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death □ Divorce ✓ Annulment □ Date 1992	Last Marriage Ended By: Death Divorce Annulment Date
- 1 A. Q.	
Date of birth verified by: Birth Certificate Other (Specify) W. d. C.	Date of birth verified by: Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes	Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
Jahua King 5 yrs	
Neather King 3 yrs. Them of	Di halland fu
6. (a) Full name of applicant's father Clearth Wagne Ferry (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Menale from the father forms (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Plurifield, In.	Residence of father (if deceased, so state) Plauslul In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Malyne to Usery	(b) Full maiden name of applicant's mother Thyllis Pharie Mann
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (If deceased, so state)
	Simples of motion (date of longin scaliny)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrometry)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 7-13-43	Signature of Applicant Mathlew Com Regulation 1/3/93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
	John St. Cook
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Allegare R. Rama in this application is true and correct.	County of HENDRICKS ss: oin this application is true and correct.
New Address Same	New Address Success
Subscribed and sworn to before me this 13 th day of July 19 93	Subscribed and sworp before me this 13 th day of July 19 93
Circuit Court Clerk of the HENDRICKS Circuit Court	Conne Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENT OR CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana)
Father ID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	GREGORY KYLE RING
and KATHLEEN ANN RUGGIERI	I further certify that the following marriage certificate was filed in my office:
I, WILLIAM R. CLAYTON (date), at PLAINFIELD	in HENDRICKS County Indiana
CDECORY WILL DING	_ inHENDRICKS
KATHLEEN ANN RUGGIERI of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-28-93
Signed by: /s/ WILLIAM R. CLAYTION	,
Filed and recorded in accordance with the laws of the State of Indiana on	$\frac{9-1-93}{2} (date).$
	Signed Counie Laure
"你不是我们的人,我们也不是不是我们的人,我们就不是我们的人,我们就不是我们的人,我们就不是我们的人,我们就不是我们的人,我们就不是我们的人,我们就不是我们的	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-13-93

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

Female Applicant 50 No Yes 7-15-93

If No, Medical Examination or Report Dated 7-15-93

Name of Physician Robert Robert, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Traver Hellim Sawrence	Name Regima May Marris
Date of Birth Month Day 30 Year 74	Date of Birth Month Day 1.5 Year 74
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Resident Address Astronomy State	Residence Address Street or R.R. Cido County State
RR2 Bax 339 Chuston In.	TRA Day 34 Contenaille In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Other (Specify)	Date of birth verified by: Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	Are you related to the male applicant closer than second cousin? Not Yes 3. Are you now under the influence of an alcoholic beverage? Not Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children
marria Milli de de man	Orner Later Marie
6. (a) Full name of applicant's father Maris Mulliam Journal (If adopted list adoption parents only)	6. (a) Full name of applicant's father Artist Rester / Name of applicant father / Name of applicant f
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Claryton,	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Diane Kay Kenwarth	y (b) Full maiden name of applicant's mother Loradynan Keen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Simplifice of mother (state of foreign country)	Bittiplace of House (State of Hotely) Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Prairie Lawn Date 7-13-93	Signature of Applicant Borna Moris Date 7-13-
	(9)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed Warn Farmer	New Address 41 643 Cychield De. Ap 453 Tandy, 40
Subscribed and sworn to before me this 13th day of July 1993	Subscribed and sworning before me this 13th day of 1993
Corrie Lawson Clerk of the HENDRICKS Circuit Court	Connie Jawson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	MotherID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-16-93, authorizing the marriage of	TRAVIS WILLIAM LAWRENCE
and REGINA KAY MORRIS DAN SMETZER	I further certify that the following marriage certificate was filed in my office
I,DAN SMETZER (date), atAMO	in HENDRICKS County, Indiana.
MDAVIC WILLIAM LANDENCE	_ in HENDRICKS
DECINA VAV MODDIC	untyIN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-24-93
Signed by: _/s/ DAN SMETZER	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	$\frac{7-27-93}{2}$ (date).
	. Cornie Laure
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-13-93

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

Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 7-12-9-3

Name of Physician 18.

MALE APPLICANT	FEMALE APPLICANT
Name Kent First J. Middle Maves	Name Kimberly L. Middle Wallace
Date of Birth Month Day Year	Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.B. Q.City County Stafe	Residence Address Street or R.R. O. City 11 County State
And Stileswelle Re and - Hend - Style.	210 Andreas Blud Plainfield Wend On.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Drivers (Cicise	Date of birth verified by: Birth Certificate Oother (Specify) Drivers Cicense
No M Voo D	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? - No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
	CARLO CONTRACTOR OF THE PARTY O
6. (a) Full name of applicant's father Lean James Davis	6. (a) Full name of applicant's father Berald Tym. Wallace
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) ZN	Residence of father (if deceased, so state) IN
Birthplace of father (State or foreign country) IN	Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Barbara Jane Holman	(b) Full maiden name of applicant's mother Kathy RNN Palmer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) + 14 Birthplace of mother (State or foreign country) + 14	Residence of mother (if deceased, so state) + N Birthplace of mother (State or foreign country) + N
Birthplace of mother (State or foreign country)	birthplace of mother (State of foreign country).
Signature of Applicant Signature of Applicant Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signey Signey Signey Superrised and sworn to before me this Aday of HENDRICKS Signey Superrised and sworn to before me this HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	Signature of Applicant Signature of Parents of this applicant, hereby give consent for this marriage. If only one parent signs state of Indiana Consent of Parents, Parent, Or Guardian State of Indiana We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana Signature of Applicant and Subjected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs. Clerk of Court Date State of Indiana Date 7/13/93 I swear/affirm that the information giver in this application is true and correct in this application is true and correct of the Applicant of the Other parent unnecessary State of Indiana Date 7/13/93 I swear/affirm that the information giver in this application is true and correct of the Applicant of the Other parent unnecessary State of Indiana Date 7/13/93 I swear/affirm that the information giver in this application is true and correct of the Other parent of the Other parent unnecessary State of Indiana Date 7/13/93 I swear/affirm that the information giver in this application is true and correct of the Other parent of the Other parent unnecessary State of Indiana Date 7/13/93 I swear/affirm that the information giver in this application is true and correct of the Other parent of the Other parent unnecessary State of Indiana Date 7/13/93 State of Indiana Date 7/13/93 State of Indiana Date 7/13/93 D
County of HENDRICKS	County of HENDRICKS
Father ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
The state of the s	
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	
and KIMBERLY LYNN WALLACE	I further certify that the following marriage certificate was filed in my office:
I, STEPHEN WHITE	(name), certify that on AUGUST 7, 1993
(date), at PLAINFIELD KENT JAMES DAVIS of HENDRICKS	inHENDRICKS County, Indiana,
WINDERFU TURN HALLAGE OF HENDRICKS	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by:/s/ STEPHEN WHITE	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-18-93 (date).
	ρ . φ
	Signed Council dawson Clerk

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Death Divorce Death Divorce 🗌 Last Marriage Ended By: Last Marriage Ended By No Yes 🗌 No Yes 🔲 No / Yes No 🗌 Yes 🔲 Yes 🗌 No No ✓ Yes □ Yes 🔲 No NoB Yes 🗌 No Yes No D Yes 🗌 **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information given Shawrna Emerson ave, Indals IN day of __13 onne Jawson HENDRICKS (innutawan Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-13-93, authorizing the marriage of SCOTT ARTHUR THOMAS _ County, Indiana, SHAWNNA LYN ROBBINS and . I further certify that the following marriage certificate was filed in my office: ANDREW KINSEY JULY 17, 1993 (name), certify that on (date), at BROWNSBURG HENDRICKS County, Indiana, SCOTT ARTHUR THOMAS MARION IN County (state), and

HENDRICKS

_ County

Signed

IN

PASTOR

8-3-93

HENDRICKS

(date).

(state) were married by me as authorized

County, Indiana, dated _

(official designation)

7-17-93

Clerk Circuit Court

SHAWNNA LYN ROBBINS

Signed by: /s/ ANDREW P. KINSEY

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

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Birth Certificate No Yes No 🗆 Yes 🗌 Xes 🗌 No 🗌 Yes 🗌 Yes 🗌 No Yes No Yes ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court orne dawn Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of SHAWN RAY LONG , authorizing the marriage of _ PATRICIA LEE MCGUIRE . I further certify that the following marriage certificate was filed in my office:

(name), certify that on _____AUGUST 7, 1993 REV. JAMES R. STUCK (name), certify that on ____ MICHIGAN CITY (date), at MICHIC SHAWN RAY LONG _ County, Indiana,_ IN _ County _(state), and PATRICIA LEE MCGUIRE HENDRICKS (state) were married by me as authorized _ County_ under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ JAMES R. STUCK HENDRICKS County, Indiana, dated ______
SENIOR PASTOR (official designation) 8-12-93 Filed and recorded in accordance with the laws of the State of Indiana on.

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-14-93

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

Female Applicant 50 No Yes 7-13-93

If No, Medical Examination or Report Dated 7-13-93

Name of Physician 7-13-93

state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this		
There is to do the properties to g to g g to g g to g g g to g g g to g g g g g g g g g g		
The control of the co	Name First Middle Last	Name ailen Tigte Jasther
The pass are than pass and seed of the Threat always are the pass and the pass and the pass are		Date of Birth Month 8 2 24 Year 23
Service Servic		Place of Birth (State or foreign country)
The position of the position o	Residence Address Street or R.R. City State	Residence Address Street or R.R. A City A County , State
Les training treats in the contract of the con	5115 W miple Ws. Danaille, In	15/ andrews Blod Flainfield In
Cour stron water with "pers centure () give rice was put a more than equipped to be of section of the country of the put of the put of the put of the country of the put of the	Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
1. Also you now or have put out of search adaptive to be of remond emer? 1. If source is a "" " is the adaptivation from remond? 1. If source is "" " is the adaptivation from remond? 1. If source is the threat and produced control? 2. Any you row of these put one better distinct on the adaptivation from the source and the first of the source threat of the source threat of the source and the first of the source threat of the first of the source threat of the first of the source threat	Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
# survey is "yes" has the adjustance from record Not Yes 2. Any yes row with the situation of a standard beerage? Not Yes 2. Any yes row with the situation of a standard beerage? Not Yes 2. Any yes row with the situation of a standard beerage? Not Yes 2. Any yes row with the situation of a standard beerage? Not Yes 2. Any yes row with the situation of an accordance standard beerage? Not Yes 2. Any yes row with the situation of an accordance standard by the situation of the standard of a standard beerage? Not Yes 2. Any yes row with the situation of the standard of a standard beerage? Not Yes 2. Any yes row with the situation of the standard of th	Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
If aware it was the man application been monored to the properties of the control		
If aware it was the man application been monored to the properties of the control	1. Are you now or have you ever been adjudged to be of unequed mind?	1 Are you now or hous you ever been adjudged to be of unsequed mind?
2. As you will also the leasted application common the control common the common the control common the common the control control common the cont		
a. Our part areas or appropriate from the inflament of a recent chigh. Surface of the control from the cont	2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
States the state of appropriate plates and states the states of the the sta		
The afterwar applicant has concerned to verifying by cash or affirmation or signature to the above applicant has concerned to verifying by cash or affirmation or signature to the above applicant has concerned to group below. The afterwar applicant has concerned to verifying by cash or affirmation or signature to the above applicant has concerned to group below. The afterwar applicant has concerned to verifying by cash or affirmation or signature to the above archively control to the standard of the property of the standard of the property of the standard of the stan		
The actions and expectant serving country. Birmplace of them (Disease or broagn country.) Birmplace of them (Disease or broagn country.) Birmplace of them (Disease or broagn country.) Birmplace of mother (Disease, to status). Disease (Disease, to status). Birmplace of mother (Disease, to status). Disease (Disease, to status). Disease (Disease, to status). Disease (Disease, to status). Disease (Disease, to status). Birmplace of the collection of the status of		
The actions and expectant serving country. Birmplace of them (Disease or broagn country.) Birmplace of them (Disease or broagn country.) Birmplace of them (Disease or broagn country.) Birmplace of mother (Disease, to status). Disease (Disease, to status). Birmplace of mother (Disease, to status). Disease (Disease, to status). Disease (Disease, to status). Disease (Disease, to status). Disease (Disease, to status). Birmplace of the collection of the status of	O DO DO DO	9 + H. 10
Preduction of them if the consent, or main progression many of the consent of the		
Birrycase of their Claus or breeg county. Birrycase of their Claus or breeg county. Birrycase of more (fisce or breeg county). ADDIOCHEDORNY	A	
Residence of embery of decessed, so state the story of the series of the		
Resolves at mather of locassant, to seast a substitute of locassant, to seast a substitute of locassant to season to season a substitute of locassant to season and season to before me this a substitute of locassant to season and season to before me this a spiciant. Interest of me substitute of locassant to season and season to before me this a spiciant. Interest of me above named parties, the county of locassant locassant locassant locassant locason and season to before me this a spiciant. Interest of		
Birthplace of mother (Bate or foreign country) acknowledge that I have replaced in mother differention regarding dargerous communicable diseases may be securily transmitted, and a first one that there is, the virial had cause AGS (sociared immore distances probable). The above applicant has objected to verifying by each or allimitation or signature to the above acknowledgement because of religious beliefs. The above applicant has objected to verifying by each or allimitation or signature to the above acknowledgement because of religious beliefs. The above applicant has objected to verifying by each or allimitation or signature to the above acknowledgement because of religious beliefs. Clink of Court		211111111111111111111111111111111111111
ACKNOWLEDGMENT I acknowledge that I have required prejected information regarding dangerous communicable diseases that are security transmitted, and a last of the last size to the vivus that causes ADS (sequired months disease) that are security transmitted, and a last of the last size to the last size to the vivus that causes ADS (sequired months disease) that are security transmitted, and a last of the last size to the last size and that are security transmitted, and a last of the last size and that are security transmitted, and a last of the last size to the last size and that are security transmitted, and a last of the last size and that are security transmitted, and a last of the last size to the last size to the last size to the last size and that are security transmitted, and a last size to the last size and that are security transmitted, and a last size the last size to the last are size to the size of size and siz		26-
a school-dege that I how regioned information regarding dasgerous communicable diseases that are security instruction, regarding dasgerous communicable diseases that are security instruction, syndrone special security and the security instruction of sections		
the above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. The above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of Signed Active County of Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of Signed Active County of Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of Signed Active County of Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of Signed Active County of Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of MENDRICKS Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of MENDRICKS Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. County of MENDRICKS Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious boiles. Count of MENDRICKS County of		
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State of Indiana County of HENDRICKS In this application is true and correct. Signed New Actigns New		
County of HENDRICKS is this application is true and correct. Signed Subscribed and sworn to perfore me this 14 day of Licity 19 9.3 Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one pavent signs, state facts which make the consent of the other pavent unnecessary state facts which make the consent of the other pavent unnecessary. State of Indiana County of HENDRICKS Sibercited and sworn to before me this County of HENDRICKS State of Indiana County of Weight of the Circuit Court County of HENDRICKS Teach County of HENDRICKS State of Indiana County by written order issued County by written order issued County by written order issued County of the Circuit Court of HENDRICKS County, Indiana, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, authorized and aven to before me this County, Indiana, authorized the marriage of JAMES A. CALL In Intercertify that the following marriage certificate was filed in my office: I further certify that the following marriage certificate was filed in my office: I further certify that on (Intervity that on (Interv	Clerk of Court Date	
County of HENDRICKS Signed Subscribed and sworn to before me this day of Licity 19 93 HENDRICKS Signed Subscribed and sworn to perform me the LY day of Licity 19 93 HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, Clerk of the circuit court of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Licity 19 93 State of Indiana County of HENDRICKS County of HENDRICK		
Signed New Address I	HENDRICKS / 788: O 6/	HENDRICKS 4 SS:
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS County of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS County of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS State of Indiana County Of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of the other chreating the day of Level of the circuit Court of HENDRICKS Subscribed and sworn to before me this day of the other chre		Signed Allen / Clark
CONSENT OF PARENTS, PARENT, OR QUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS County of HENDRICKS County of HENDRICKS Authorizes and direct the issuance of a marriage license to the above named parties, the County of the critical three was filed in my office a marriage license issued by the Clerk of the Circuit Court of JAMES A. CALL I CALL OF HENDRICKS I State of Indiana ALLEEN KAY TABER I, WILLIAM L. CLAY TON (date), at PLAINFIELD JAMES A. CALL OF HENDRICKS OF HENDRICKS County IN (state) were marriage by me consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary CONSENT OF PARENTS, RARENT, OR QUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS County make facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS County indiana, James of HENDRICKS County Indiana, I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 17, 1993 (name), certify that on State), and AILEEN KAY TABOR OF HENDRICKS County Indiana, I MENDRICKS County, Indiana, I MENDRICKS County, Indiana, I MENDRICKS County, Indiana, I MENDRICKS County, Indiana, County, Indiana, dated 7-17-93 Signed by: S/ WILLIAM R. CLAYTON Filed and recorded in accordance with the laws of the State of Indiana on T-20-93 (date), TONSENT County Indiana, CONSENT OF PARENTS, RARENT, OR QUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state states which make the consent of the other parent unnecessary COMPLETE IF MENDRICKS County in the facts which make the consent of the other parent unnece	114 0 0 1 00	New Address
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this	HENDRICKS HENDRICKS	UENDOCKS O
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana		
State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of		CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana County of HENDRICKS Father		We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
County of HENDRICKS Father	state lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
County Grather		The state of the s
County C	County or	County or
Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-14-93 authorizing the marriage of JAMES A. CALL and AILEEN KAY TABER I, WILLIAM L. CLAY TON (name), certify that on JULY 17, 1993 (date), at PLAINFIELD in HENDRICKS (name), certify that on JULY 17, 1993 (state), and AILEEN KAY TABOR of HENDRICKS (county IN (state), and HENDRICKS (state)) were marriage by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-20-93 (date).		Clerk
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-14-93 authorizing the marriage of JAMES A. CALL and AILEEN KAY TABER I, WILLIAM L. CLAY TON (name), certify that on JULY 17, 1993 (date), at PLAINFIELD in HENDRICKS (name), certify that on JULY 17, 1993 (state), and AILEEN KAY TABOR of HENDRICKS (county IN (state), and HENDRICKS (state)) were marriage by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-20-93 (date).	COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license begins been refused to the above served section the
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I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
dated 7-14-93 , authorizing the marriage of JAMES A. CALL and AILEEN KAY TABER I, WILLIAM L. CLAY TON (date), at PLAINFIELD JAMES A. CALL JAMES A. CALL AILEEN KAY TABOR of HENDRICKS County IN (state), and AILEEN KAY TABOR under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ WILLIAM R. CLAYTON Filed and recorded in accordance with the laws of the State of Indiana on 7-20-93 (date).	DETURN OF MARRIAGE MORNI	SE AND MARRIAGE CERTIFICATE
Alleen kay taber I, William L. Clay Ton (date), at PLAINFIELD JAMES A. CALL Alleen kay taber In Hendricks County In (state), and Alleen kay taber In (state), and Alleen kay taber In (state), and Hendricks County In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ William R. Clayton Filed and recorded in accordance with the laws of the State of Indiana on 7-20-93 (date).		
(date), atPLAINFIELD	I certify that there was filed in my office a marriage license issued by the Cl dated 7-14-93, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana,
JAMES A. CALL Of HENDRICKS County IN (state), and AILEEN KAY TABOR under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ WILLIAM R. CLAYTON Filed and recorded in accordance with the laws of the State of Indiana on 7-20-93 (date).	I certify that there was filed in my office a marriage license issued by the Cl dated 7-14-93, authorizing the marriage of and AILEEN KAY TABER	lerk of the Circuit Court of HENDRICKS County, Indiana, JAMES A. CALL I further certify that the following marriage certificate was filed in my office:
AILEEN KAY TABOR of HENDRICKS County under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS Signed by: /s/ WILLIAM R. CLAYTON Filed and recorded in accordance with the laws of the State of Indiana on 7-20-93 (date).	I certify that there was filed in my office a marriage license issued by the Cl dated 7-14-93, authorizing the marriage of and AILEEN KAY TABER I, WILLIAM L. CLAY TON	lerk of the Circuit Court of HENDRICKS County, Indiana, JAMES A. CALL I further certify that the following marriage certificate was filed in my office: (number DELOY County).
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ WILLIAM R. CLAYTON Filed and recorded in accordance with the laws of the State of Indiana on 7-20-93 (date).	I certify that there was filed in my office a marriage license issued by the Cl dated 7-14-93, authorizing the marriage of and AILEEN KAY TABER I, WILLIAM L. CLAY TON (date), at PLAINFIELD	lerk of the Circuit Court of HENDRICKS County, Indiana, JAMES A. CALL I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 17, 1993 in HENDRICKS County, Indiana,
Filed and recorded in accordance with the laws of the State of Indiana on 7-20-93 (date).	I certify that there was filed in my office a marriage license issued by the Cl dated 7-14-93, authorizing the marriage of and AILEEN KAY TABER I, WILLIAM L. CLAY TON (date), at PLAINFIELD JAMES A. CALL of HENDRICKS ALLEEN KAY TABOR	lerk of the Circuit Court of
Con sin Land	I certify that there was filed in my office a marriage license issued by the Cl dated 7-14-93, authorizing the marriage of and AILEEN KAY TABER I, WILLIAM L. CLAY TON (date), at PLAINFIELD JAMES A. CALL of HENDRICKS AILEEN KAY TABOR of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	lerk of the Circuit Court of
Signed Connie Lawson Clark	I certify that there was filed in my office a marriage license issued by the Cl dated 7-14-93, authorizing the marriage of and AILEEN KAY TABER I, WILLIAM L. CLAY TON (date), at PLAINFIELD JAMES A. CALL of HENDRICKS AILEEN KAY TABOR of HENDRICKS Co under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ WILLIAM R. CLAYTON	lerk of the Circuit Court of
Signed (Tork	I certify that there was filed in my office a marriage license issued by the Cl dated 7-14-93, authorizing the marriage of and AILEEN KAY TABER I, WILLIAM L. CLAY TON (date), at PLAINFIELD JAMES A. CALL of HENDRICKS AILEEN KAY TABOR of HENDRICKS Co under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ WILLIAM R. CLAYTON	lerk of the Circuit Court of
BOWCE FORMS - SYSTEMS 1-400-389-1702 1477 — HENDRICKS Circuit Court	I certify that there was filed in my office a marriage license issued by the Cl dated	lerk of the Circuit Court of

APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes 7/2-93
If No, Medical Examination of Report Dated 7/2-93
Name of Physician Mappen, H.D.

MALE APPLICANT	FEMALE APPLICANT
Name Michael Scatt Brown	Name Michelle Middlaine Last Tibbs
Date of Birth Month, Day Year	Date of Birth Month 12 Day 14 Year 7/
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence, Address Street or R.R., City, Debunty Syme	Residence Address Street or R.R. Company Strate 1
I Walnut Way Ct. Brawnshurg in	918 Briarwood M. Drawnshing In.
Previous Marital Status: Never Married R No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: ABirth Certificate Cher (Specify)	Date of birth verified by: ABirth Certificate Author (Specify) And Lie
MI. ALC.	7 70/10/100
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □
If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
0 00 0	
6. (a) Full name of applicant's father Paul Clyde Brawn	6. (a) Full name of applicant's father Michael Rugene Johbs
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Auseille Characteristics and the state of t	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Bubble and Amorette
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Braconshing Un.	Residence of mother (if deceased, so state) Branshurg.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant No. Sept. Planum Pate 7/14/93	immune deficiency syndrome: William - 7/14/93
Signature of Applicant Date 1/17/19	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS . ss: in this application is true and correct.
Signed M. Stoth Blown	Signed Mullelle & Sols
New Address 144 Only 193	New Address Subscribed and sworn to before me this 1400 day of July 19 93
Subscribed and sworn to before me this	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	FatherID #
MotherID #	MotherID #ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of 19 Clerk
	A marriage license having been refused to the above named parties, the
and filed in County, authorize	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
, authoriz	200 and should the location of a marriage horner to the above harned parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-14-93, authorizing the marriage of and MICHELLE ELAINE TIBBS	I further cartify that the following marriage cartificate was filed in my office.
I. LARRY I. STIKETEATHER	I further certify that the following marriage certificate was filed in my office: (name), certify that onAUGUST 7, 1993
(date), at BROWNSBURG	in HENDRICKS County, Indiana,
MICHAEL SCOTT BROWN of HENDRICKS	County IN(state), and
	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ LARRY I. STIKETEATHER Filed and recorded in accordance with the laws of the State of Indiana on_	
Thea and recorded in accordance with the taws of the state of inaland on_	
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No A If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Michael IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Pre Last Marriage Ended By: Yes 🗌 No / Yes Yes 🗌 No 🗌 No Yes 🗌 No D Yes 🗌 No 🗹 / Yes 🗌 Yes 🗌 No D Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Jagah Donney Date 7-14-93 Matchie Luan (americate 7-14-93 The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana State of Indiana HENDRICKS HENDRICKS Damuel 374 0 July , 19 93 HENDRICKS HENDRICKS Corne deus Clerk of the Chance fairson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one pa HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. authorizes and directs the issuance of a marriage license to the above named parties. and filed in: RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, MATCHIE LUAN CAMERON , authorizing the marriage of . I further certify that the following marriage certificate was filed in my office:

____ (name), certify that on ___ AUGUST 8, 1993
in ___ HENDRICKS ____ County, Indiana, ____ and JOHN STRIFLOR DANVILLE (date), at DANVILLE
SAMUEL JOSEPH DENNEY County, Indiana,_ MORGAN IN County (state), and

MATCHIE LUAN CAMERON

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ JOHN F. STRIFLOR

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

HENDRICKS

IN

HENDRICKS

MINISTER

(date).

8-11-93

County

Signed

(state) were married by me as authorized nty, Indiana, dated 7-14-93

Circuit Court

County, Indiana, dated _

(official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No 🗷 Yes 🗆

If No, Medical Examination or Report Dated

Name of Physician Dr. Haggard

MALE APPLICANT	FEMALE APPLICANT
Name Freddie Joe Crane Sr.	Name Audreu Faner Palmer
Date of Birth Month Day Year	Date of Birth Month Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
817 W. Green St. Lebanon IN	890 Ridgewood Dr. Apt # 1020 PIFd. IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 6-24.92	Last Marriage Ended By: Death Divorce Annulment Date 4 - 2.92
Date of birth verified by: Birth Certificate Acther (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
SI. MIV.	
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No X Yes As you now under the influence of a parential date?	3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
4. Are you now under the influence of a narcotic drug? No A Yes Stitl the full names of any dependent children. Larry, Brian.	4. Are you now under the influence of a narcotic drug? No St. Yes 5. List the full names of any dependent children.
S. Colonia da Mario di di Goporia di Colonia	S. Elici tilo dill'hamos oi any depondon dillicoli.
	11 11 11 11 11 11 11 11 11 11 11 11 11
6. (a) Full name of applicant's father Thomas Merle Grane	6. (a) Full name of applicant's father Howard Loret A Palmer
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) \ X \subsection \forall c \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Vautorasville 10	Residence of father (if deceased, so state) Deceased Birthplace of father (State or foreign country) OH
(b) Full maiden name of applicant's mother Frieds Floy Kincaid	(b) Full maiden name of applicant's mother Be Beulah Fage Viser
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Iran Ferdsville IN	Residence of mother (if deceased, so state) Doctille OH
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant & Auchory F. Palmer Date 7-15-8
Signature of Applicant Date 415473	Signature of Applicant XXIII Date 773 9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS) ss: I in this application is true and correct.
Signed Addied Have S	County of Signed X Clerchey J. Halmer in this application is true and correct.
New Address 817 w. Goe en, 2 chanon In	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) County of HENDRICKS SS:
FatherID #	County of ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	res and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated JULY 15, 1993	
, aminoritano me marriage oj _	I further certify that the following marriage certificate was filed in my office:
I, CINDY SPENCE	
(date), atDANVILLE	in HENDRICKS County, Indiana,
	County IN(state), and
	ounty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	1 CM DEDITION OF TIME
Signed by:/s/ CINDY SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	(official designation)
They and recorded in accordance with the laws of the state of thatana on	JULY 15, 1993 (date).
	Signed Janus Janus Clerk
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

_Circuit Court

Clerk Circuit Court

Last Marriage Ended By:

Clerk of Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

Subscribed and sworn to before me this_

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

Never Married

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

maiden name of applicant's mother Warlene

Birthplace of mother (State or foreign country) TN

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated circuit court when the person applies for a marriage license under Name of Physician MALE APPLICANT **FEMALE APPLICANT** Yes 🗌 Yes 🔲 No 🗌 Yes 🗌 No 🗆 Yes 🗌 Yes 🗌 No V Yes 🗌 No 🔼 Yes 🗌 No Yes 🗌 Yes 🗌 No K Coke Birthplace of father (State or foreign country) Kansos **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases edge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature acknowledgment because of religious beliefs. Clerk of Court I swear/affirm that the information given in this application is true and correct.

> CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give con

> > HENDRICKS

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

ALTONIN OF MANNIAGE LICE	NSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-28-93, authorizing the marriage of	ARLIE LEE COKE JR.
andTIFFANI KAY STEELE	. I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 14, 1993
I, DAVID W. OSBORNE	(mainle), certify man on
(date), atCOATESVILLE	in HENDRICKS County, Indiana,
ARLIE LEE COKE, JR. of HENDRICKS	County IN(state), and
	County (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court	of County, Indiana, dated8-14-93
Signed by: /s/ DAVID W. OSBORNE	,
Filed and recorded in accordance with the laws of the State of Indiana on	8-19-93 (date).
	1.0

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-16-93
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 Michelle Boyer Mile

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name REBEKAH LOUISE CLOSE
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
INDPLS IN MARIONCO.	EAST HAZEL CREST ILLINOIS
Residence Address Street or R.R. City County State 501 HANLEY ST PLAINFIELD IN	Residence Address Street or R.R. / City County State 320 HOLDRY DR. PLAINFIELD IN446168
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married GOR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify) Drubus License
. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 1	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
None	
Tenna de la Para	
6. (a) Full name of applicant's father JERALD HENRY ROBB	6. (a) Full name of applicant's father GARRY LEE CLOSE
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother JUDITH ANN TEDROWE	(b) Full maiden name of applicant's mother JANICE ANN FOGIE
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). Signature of Applicant S. Tanath C. Roll Date 7/16/93	immune deficiency syndrometric belief of Applicant & Rebellah F. Close Date & 7/16/9
Signature of Applicant Date 7/16/	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS:	County of HENDRICKS ss: in this application is true and correct.
Signed X Two to C. Toll	Signed & Hebellah & Clark
New Address Sanc	New Address 501 Hanley Street
Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before me this day of HENDRICKS 19
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS SS:
Father ID #	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE Only of the Circuit Count of HENDRICKS Count Indiana
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	
REBEKAH LOUISE CLOSE, dathorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
REV. GEORGE W. CURRY	(name), certify that on _JULY 24, 1993
(date), atBROWNSBURG	_ in HENDRICKS County, Indiana,
DEDELLAN LOUICE CLOCE . HENDDICKC -	County IN (state), and
	unty IN (state) were married by me as authorized HENDRICKS County Indiana dated 7-16-93
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/5/ REV. GEORGE W. CURRY	DACTION COMMY, Indiana, date
Filed and recorded in accordance with the laws of the State of Indiana on	,
The state of the s	0
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

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

MALE APPLICANT

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Jung Oct **FEMALE APPLICANT** Birth Certificate

No Yes 🔲 No Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗆 Yes 🔲 No D Yes 🗌 No 🗗 Yes 🗌 No 🗹 / Yes 🗆 Yes 🗌 No Yes I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court July Cornie Tawson Clerk of the Coancel alusa Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of
dated 7-16-93

authorizing the marriage of DONALD LYNN SULLIVAN KATHERINE DARLENE FLYNN . I further certify that the following marriage certificate was filed in my office: REV. JAMES D. CLAYTON (name), certify that on _ MARION INDIANAPOLIS (date), at _ . County, Indiana,

IN

IN

PASTOR

7-27-93

HENDRICKS

(date).

(state), and

(official designation)

_County, Indiana, dated _

(state) were married by me as authorized

Clerk Circuit Court

County

_ County

HENDRICKS

DONALD LYNN SULLIVAN

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

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

Signed by: /s/ REV. JAMES D. CLAYTON

KATHERINE DARLENE FLYNN

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	
Date of Birth Day NE SCHUTTE Date of Birth Day Vear	Name Dawn Hiddle LuAnn BECK Date of Birth Month Day Year
OCTOBER 16, 1966	DECEMBER 13 1968
Place of Birth (State or foreign country) TND TANAPOLIS MARION CO. IN	Place of Birth (State or foreign country) GREENCASTLE, PUTNAM CO. IN.
Residence Address Street or R.R. City County State	Residence Address Street of R.R. City County State
506 ENDERLY AVE APT BROWNSBURG, IN Previous Marital Status: Never Married □ OR No. of Previous Marriages Z	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Defirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) DRIVERS LICENSE
And the property of the late of the property of the late of the la	
Are you now or have you ever been adjudged to be of unsound mind? No Yes ■	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. JASON Bl. SCHUTTE.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
DANIEL W SCHUTTE	DANIEUE L. BECK
6. (a) Full name of applicant's father WILLIAM L SCHUTTE	6. (a) Full name of applicant's father FRED EDWARD BECK
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (If deceased, so state) Rightplace of father (State or foreign country) TENNESSEE
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother NORMA JEAN FREEMAN	Simple of latter of longit country
(b) Full maiden name of applicant's mother / VOEMIA JEAN TREEMINO (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother / PTLE / //AXINE /VICELY (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
l acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 7-9-9-3	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant X Date X7-19-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed L Dancel W Schuttle New Address Subscribed and sworn to before me this 19th day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Lower Leave and correct. New Address Subscribed and sworp to before me this 19th day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PAPERITO PAPERIT OR CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana)
County of	County or
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	· · · · · · · · · · · · · · · · · · ·
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed inauthorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
and med in, authorize	as and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated 7-19-93, authorizing the marriage of	DANIEL WAYNE SCHUTTE
	I further certify that the following marriage certificate was filed in my office:
(date), at PITTSBORO	in HENDRICKS County Indiana
DANTEL WAYNE COLLIMME	_ in HENDRICKS
DAMN THANN DECK	unty IN (state), and (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-24-93
Signed by: _/s/ REV. DAVE KOVALOW-ST JOHN	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-3-93 (date).
如果的是10万分的数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据	1- 4
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle + Dast love	Name First Middle Middle That I hast
Date of Birth Month, Day, Year	Date of Birth OMOnth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country).
Greencostle on	- Indianapalis, In
Residence Address Street of R.R. Street of R.R. Stry County Spale	Residence Address // Sfreet or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Provides maintal status. Herei mainteg Thirt of Freyous maintages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: DBirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? Not Yes Yes	3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
	O bushing
6. (a) Full name of applicant's father James Marven Helley	6. (a) Full name of applicant's father famels / still / Willham
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign couptry)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother further than water	(b) Full maiden name of applicant's mother Sharon and Sul
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country).	Residence of mother (if deceased, so state)
Online of mother (state of foreign country)	Birthplace of mother (state of loreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndroprie).	immune deficiency syndroment
Signature of Applicant Games C. / fee ley Date 7-19-93	Signature of Applicant 100 000 Date 1-19-9
The shows applicant has objected to varifying by eath or offirmation or signature to the shows	The share continue has objected to unifying his coth or officentian or signature to the share
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss. In this application is true and correct.
Signed Garnes C. Teoley	Signed Now Williams
New Address Same day of Only 19 73	New Address Same O
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
CIECUI COUR	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LIGHTS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated7-28-93 authorizing the marriage of	JAMES CRAFTON NEELEY County, Indiana,
and DOROTHY MARIE WILLHOITE	. I further certify that the following marriage certificate was filed in my office:
I, PASTOR ELZA LAMB	(name), certify that on AUGUST 7, 1993
(date), atINDIANAPOLIS	_ inMARION County, Indiana,
JAMES CRAFTON NEELEY of HENDRICKS	County IN (state), and
DOROTHY MARIE WILLHOITE HENDRICKS Co	unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 8-7-93
under a marriage license that was issued by the Clerk of the Circuit Court of	DACMOD
Signed by: /s/ REV. ELZA LAMB	
Filed and recorded in accordance with the laws of the State of Indiana on_	8-12-93 (date).
	(1, .)
	Signed Conne Clerk Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-19-93
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 Dr. Leed 4

MALE APPLICANT	FEMALE APPLICANT
Name Pirst I Mighte Last Last	Name First Middle A Last
Date of Birth Month Day 7 Year 7.6	Date of Birth Day Year 74 1
Place of Birth (State or foreign country)	Place of Birth (State or foreign couptry)
Residence Address Street of R.R. City Copyright & Sale	Residence Address Street or R.R. City County State
4650 Trinles Ra Mungiels	10 Klaneta Ct. Drawnshing, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cycler (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes Yes Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? No Yes Yes
. Are you now under the influence of a narcotic drug? No Yes ☐	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
	4. 9 -1.1
(a) Full name of applicant's father Kussell Teray Rader	6. (a) Full name of applicant's father States Floor Hadley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Charlatte Ruth Thuy	ply (b) Full maiden name of applicant's mother Diana Music Het
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Pluafield	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
gnature of Applicant Date 7/19/93	Signature of Applicant Tipa F. Hadley Date 1-19-93
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs. Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
county of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
New Address 4640 Winters Rd. Plainfield IN 46168	New Address 4640 Winders Rd. Plaintield, In 46
New Address 41040 winters Rd. Mainter In. 40108 ubscribed and sworn to before me this 1944 day of Ouly, 1993	Subscribed and sworn to before me this 19 th day of July 19 93
Donnie Lawson Clerk of the HENDRICKS Circuit Court	Cornie Lanson Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENT OF CHARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana
ounty of HENDRICKS ss:	County of HENDRICKS ss:
ther ID #	Father ID #
other ID # ubscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana, RONALD STEPHEN RADER
, dunorizing the marriage of _	I further certify that the following marriage certificate was filed in my office:
STEVEN T. REEVES	(name), certify that on AUGUST 14, 1993
date), at BROWNSBURG RONALD STEPHEN RADER of HENDRICKS	_ inHENDRICKS County, Indiana,
LICA ETLEEN HADLEY	CountyIN(state), and untyIN(state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-20-93
Signed by: /s/ STEVEN T. REEVES	,
Filed and recorded in accordance with the laws of the State of Indiana on	8-17-93 (date).
	Signed Connie Lawson Clerk
	HUNDRICKS C' CON

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No A IC 31-7-9-1. Furnishing false information upon applying for license. 7-20-93 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician R. Wello, IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Yes 🗌 No . Yes 🗆 No 🗆 Yes 🗌 ves." has the adjudication been removed? / Yes 🗌 Yes 🗌 / Yes 🗌 Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS HENDRICKS HENDRICKS Come Jawan Clerk of the Corne Jawson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of ____JEFFREY ALAN HEDGE 7-20-93 MARNIE ANN ROBINSON _ . I further certify that the following marriage certificate was filed in my office: CINDY SPENCE (name), certify that on AUGUST 6, 1993 (date), at ____DANVILLE in HENDRICKS __ County, Indiana,_ JEFFREY ALAN HEDGE HENDRICKS (state), and HENDRICKS County MARNIE ANN ROBINSON (state) were married by me as authorized

County, Indiana, dated 8-6-93

Circuit Court

_ (official designation)

1ST DEPUTY CLERK

(date).

8-6-93

Signed

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

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

Signed by: /s/ CINDY SPENCE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

7-19-93

Date of Application

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated 7-15-93

Name of Physician

Name of Physician

Circuit Court

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

MALE APPLICANT **FEMALE APPLICANT** No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes | Yes | No Yes **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Sylescribed and sworm to the Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE LAURA ANN CLARK _ . I further certify that the following marriage certificate was filed in my office: CINDY SPENCE (name), certify that on JULY 19, 1993 DANVILLE HENDRICKS _ County, Indiana,_ WILLIAM MICHAEL CLEMENTS HENDRICKS County . _(state), and LAURA ANN CLARK HENDRICKS IN _ County _ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ CINDY SPENCE HENDRICKS County, Indiana, dated 7-19-93 CLERK, 1ST DEPUTY (official designation) 7-19-93 Filed and recorded in accordance with the laws of the State of Indiana on (date). Clerk

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 357

File 7-20-93

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

If No, Medical Examination or Report Dated

Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name David Clifton Hartley	Name Judith ann Wartley
Date of Birth Month 12 Day 25 Year 42	Date of Birth Month 5 9ay 2 Year 43
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City Do Codnty - 44 Staty	Residence Address Street or R.R. City County State
1482 Woodlank TX. Fillstard	Warrester, Tha.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 199
Date of birth verified by: Birth Certificate Steel (Specify) The Certificate Steel (Specify)	Date of birth verified by: Birth Certificate Cherify M. L. L.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes [
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No Yes [
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes ☐ 4. Are you now under the influence of a narcotic drug? No Yes ☐	Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wallace Leray Hartle	the same of sections to the same of the same of
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Unknion
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother the light that the light adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Thayaru Teters (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Pelipria, This	Residence of mother (if deceased, so state) Worcester
Birthplace of mother (State or foreign country) Muchigan	Birthplace of mother (State or foreign country) Mass.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disea
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqu
Signature of Applicant David C. Hartly Date 220-93	Signature of Applicant
organist of Applicant	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the ab
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information gi
County of HENDRICKS SS: 21 In this application is true and correct.	County of HENDRICKS SS: in this application is true and corr
New Address SAMF	Signed Author U. Human
Subscribed and sworn to before me this 20th day of July 1993	Subscribed and sworn to before me this 20 th day of July 1993
conne fawan Clerk of the HENDRICKS Circuit Court	Consider Tarent on Clark of the HENDRICKS
CONSTAIL OF BAPEAU OF BAPEAU	Clerk of the Circuit C
	Circuit C
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant is the parents of this applicant, hereby give consent for this marriage.
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana State of Indiana State of Indiana	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary State of Indiana
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana State of Indiana State of Indiana	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary State of Indiana
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana ID #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary State of Indiana County of
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana ID #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of , 19
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: Tather ID # Subscribed and sworn to before me this day of Clerk	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother Subscribed and sworn to before me this day of
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, 19
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of D# Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authori	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued zes and directs the issuance of a marriage license to the above named partie
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authori	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued zes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sistate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued 2 zes and directs the issuance of a marriage license to the above named partie SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indian
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in RETURN OF MARRIAGE LICEN RETURN OF MARRIAGE LICEN RETURN OF MARRIAGE LICEN RETURN OF MARRIAGE LICEN Authoria authorizing the marriage of JUDITH ANN HARTLEY	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sistate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued zes and directs the issuance of a marriage license to the above named partie SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indian DAVID CLIFTON HARTLEY
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filled in RETURN OF MARRIAGE LICEN RETURN OF MARRIAGE LICEN RETURN OF MARRIAGE LICEN RETURN OF MARRIAGE LICEN Authoric dated 7-20-93 Authorizing the marriage of 19 JUDITH ANN HARTLEY CINDY SPENCE	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sistate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued zes and directs the issuance of a marriage license to the above named partie SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indian DAVID CLIFTON HARTLEY I further certify that the following marriage certificate was filed in my office (name), certify that on JULY 20, 1993
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filled in , authori RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filled in , authori RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY Authoriage of JUDITH ANN HARTLEY JUDITH ANN HARTLEY CINDY SPENCE (date), at DANVILLE DANVILLE	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Zes and directs the issuance of a marriage license to the above named parties, court, by written order issued IEEE SE AND MARRIAGE CERTIFICATE See AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indian DAVID CLIFTON HARTLEY I further certify that the following marriage certificate was filed in my office (name), certify that on JULY 20, 1993 in HENDRICKS County, Indiana,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filled in 7-20-93 Authoria authorizing the marriage of dated 7-20-93 Authorizing the marriage of 19 Authorizing the 19 Aut	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued zees and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana DAVID CLIFTON HARTLEY I further certify that the following marriage certificate was filed in my office (name), certify that on JULY 20, 1993 in HENDRICKS County, Indiana, County Indiana, IN (state), and
We, the parents of this applicant, hereby give consent for 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 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County County Authoria RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Authoria RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Authoria RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Authoria RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY Authoria Authoria Authorizing the marriage of Authorizing the marriage of Authorizing Issued By the County Authorizing Issued By the	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of ID # Court, by written order issued Zees and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana DAVID CLIFTON HARTLEY I further certify that the following marriage certificate was filed in my office (name), certify that on JULY 20, 1993 in HENDRICKS County, Indiana, County IN (state), and ounty IN (state) were married by me as authorized.
We, the parents of this applicant, hereby give consent for 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 #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 # Court, by written order issued Zes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS DAVID CLIFTON HARTLEY I further certify that the following marriage certificate was filed in my office (name), certify that on JULY 20, 1993 in HENDRICKS County, Indiana, County IN (state) were married by me as authorized the county of the coun
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this County and filed in RETURN OF MARRIAGE LICENSE County RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE Authoria nuthoria nuthorizing the marriage of and JUDITH ANN HARTLEY I, CINDY SPENCE (date), at DANVILLE DAVID CLIFTON HARTLEY DAVID CLIFTON HARTLEY JUDITH ANN HARTLEY JUDITH ANN HARTLEY Of HENDRICKS JUDITH ANN HARTLEY MELLONGE OF COURT. Authorizing the marriage of MENDRICKS JUDITH ANN HARTLEY MENDRICKS JUDITH CIrcuit Court of	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sit state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 10 # Court, by written order issued 2 zes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana DAVID CLIFTON HARTLEY I further certify that the following marriage certificate was filed in my office (name), certify that on JULY 20, 1993 in HENDRICKS County, Indiana, County IN (state), and 1N (state) were married by me as authorize founty. Indiana, dated 7-20-93
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana Country of HENDRICKS Father Mother Subscribed and sworn to before me this day of 1D # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. Country and filled in , authoriand authorizing the marriage of dated 7-20-93 Authorizing the marriage of JUDITH ANN HARTLEY I, CINDY SPENCE (date), at DANVILLE DAVID CLIFTON HARTLEY DAVID CLIFTON HARTLEY JUDITH ANN HARTLEY JERNOR OF THE NORMAN AUTHORICKS JUDITH ANN HARTLEY JUDITH ANN HARTLEY JERNOR OF THE NORMAN AUTHORICKS JUDITH ANN HARTLEY JUDITH ANN HARTLEY JERNOR OF THE NORMAN AUTHORICKS JUDITH AND HARTLEY JERNOR OF	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Example Icense having been refused to the above named parties, Court, by written order issued Icense to the above named parties, Court, by written order issued Icense to the above named parties. Example Icense Having been refused to the above named parties, Icense and directs the issuance of a marriage license to the above named parties. Example Icense Having been refused to the above named parties, Icense for the above named parties. Example Icense Having been refused to the above named parties, Icense for the above named parties. Example Icense Having been refused to the above named parties. Example Icense Having Been refused to the above named parties. Example Icense Having Been refused to the above named parties. Example Icense Having Been refused to the above named parties. Example Icense Having Been refused to the above named parties. Example Icense Having Been refused to the above named parties. Example Icense Having Been refused to the above named parties. Example Icense Having Been refused to the above named parties. Example Icense Ice

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Female Applicant 50 No Yes I If No, Medical Examination of Report Dated, 7-2-Name of Physician Ym. Fre H

MALE APPLICANT	FEMALE APPLICANT
Name Phillips Grald Kimble	Name Dottie Linn mills
Date of Birth 5 Day 28 Year 45	Date of Birth Month 10 - Day 3 Year 49
Place of Birth (State or foreign country) Diffiance, Ohio	Place of Birth (State or foreign country) Reaturkey
Residence Address Crivatal Darings On Hambelt	Residence Address - Criptal Spring County County County
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1987
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes Yes
3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Pehent Thatter Kemble	La Home Wash
6. (a) Full name of applicant's father Teabert Watter Fundale (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Old Strain No. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother thankers Thankers	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Nellie Ree Bowns
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (state or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 7/21/93	Signature of Applicant Lotte T. mills Date 1/21/83
7/1	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of eligious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of reliables.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address SAME No BROUL-	New Address SAME as above
Subscribed and sworn to before me this 21 of day of July 19 93	Subscribed and sworn to before me this 2/24 day of hely 19 93
Clerk of the Circuit Court	Clerk of the HENDINCKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of the applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	PHILLIP JERALD KIMBLE
	I further certify that the following marriage certificate was filed in my office:
(date), atDANVILLE	(name), certify that on AUGUST 7, 1993 in HENDRICKS County, Indiana,
DOMMIN TUNN MILLO	CountyIN(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized County, Indiana, dated 7-21-93
Signed by: /s/ THOMAS J. DAVIS	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	$\frac{8-10-93}{O} $ (date).
Many are grant to the property of the state	Signed Cornie Lawson Clerk
	HENDRICKE

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

Name David Middlethew Smith Date of Birth Day 29 Year 64	Name Union se Amiddle 1 1 Sens
ate of Birth Month 7 Day 29 Year 64	
29 64	Date of Birth Month Day Year
	Place of Block (Chair or Inning Chair or Inning Chair
face of Birth (State or foreign country)	Place of Birth (State or foreign country) Indianapalis In
esidence Address Street of R.R. 4 City Sunty State	Residence Address A Gireet or R.B. A City O County State
15 & 1 duner St. Marquela, on	10 10 regiments par majore, on
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 199
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Cher (Specify)
R. Wil. Ale.	- Finale.
	The state of the s
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes	Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No V Yes ☐ 5. List the full names of any dependent children	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
List the full flames of any dependent children.	5. Elst tile full flames of any dependent clindren.
	Rager Byassee 14 yrs.
6. (a) Full name of applicant's father Mattengene Anutal	6. (a) Full name of applicant's father Albert Karl Roge
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (b) (b) Full maiden name of applicant's mother (c)	(b) Full maiden name of applicant's mother Three Gallery (Control of the start of t
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disc
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acc
mmune deficiency syndrome).	immune deficiency syndrome). The a Benge Date 7-2.
Signature of Applicant Oliver 11. Multiple Date 12.1	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the a
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information is the application in the angle of the swear in the swear in the swear in the application in the angle of the swear in
County of HENDRICKS in this application is true and correct. Signed Valley Smith	County of Signed The A. Bergel in this application is true and co
New Address 4045 Sex Pority Rd.	New Address Same as about
Subscribed and sworn to be me this 2/st day of July 19 93	Subscribed and sworn poelore me this 21st day of July 1993
Onne James Clerk of the HENDRICKS Circuit Court	Consideration Clerk of the HENDRICKS Circuit
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent s
sale lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother 1D #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	
COMPLETE IE MARRIAGE LICENSE ISSUED DY ORDER OF COURT	A marriage license begins have refused to the charge and the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, Court, by written order issued
and filed in, authoriz	
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indian
dated, authorizing the marriage of	DAVID MATTHEW SMITH
- WITTITAM D OTAUMONI	I further certify that the following marriage certificate was filed in my off
WILLIAM R. CLAYTON	(name), certify that on AUGUST 14, 1993
(date), at PLAINFIELD DAVID MATTHEW SMITH of HENDRICKS	inHENDRICKSCounty, Indiana,
WIGHNE AMEL TA BENGE	(State), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unity [state] were married by me as authori
Signed by: /s/ WILLIAM R. CLAYTON	
Filed and recorded in accordance with the laws of the State of Indiana on_	
and with of the oldie of maintain on	1 9
	Signed onne dawson C

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 360

HENDRICKS

Told of Application

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

Female Applicant 50 No Yes 7-20-93
If No, Medical Examination or Report Dated 7-20-93
Name of Physician Audity, M.P.

MALE APPLICANT	FEMALE APPLICANT
Name & First + Mildle Dass has	Name Consider Misseriae Orless
Date of Birth Month Day 29 Year 71/	Date of Birth Month 4 Day Year 74
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indianapalis Un.	Residence Address / Street or R.R. Ceynty, State
115 1/2 L. Washington apt 2 Danvill	4 1121 6. 100 N. Namille In.
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married A-OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
ate of birth verified by: Starr Certificate Uniter (Specify)	
. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes." has the adjudication been removed? No Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No ❤️ Yes ☐	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
	4 9 4
(a) Full name of applicant's father	6. (a) Full name of applicant's father Xarry del Valley
(If adopted, list adoptive parents only) Craestalan Tyke	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Russelle	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Hullis Mal Hawk
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Annelle S.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndromes Innular South Mich. 07/21/93
Signature of Applicant CAMESI NEW Date 11/31/75	Signature of Applicant Cyclic Global Signature O
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed English & The	Signed Charles (Callet
New Address Subscribed and sworn properore me this 21st day of Sully 19 93	New Address 160 72 State of the Subscribed and swarp before me this 21st day of July 19 73
Cornie Lawson Clerk of the HENDRICKS Circuit Court	Cornel Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	State racis which make the consent of the other parent dimensionally
State of Indiana)	State of Indiana) HENDRICKS SS:
County of HENDRICKS ss:	County of
Tather ID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
THE RESIDENCE OF THE PARTY OF T	
	A marriage license having been refused to the above named parties, the
	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-21-93, authorizing the marriage of _	ERNEST ALAN PIKE I further certify that the following marriage certificate was filed in my office:
FR. C. S. CHESEBROUGH	
(date), atDANVILLE	in HENDRICKS County, Indiana,
ERNEST ALAN PIKE of HENDRICKS	County IN (state), and
	County IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ FR. C. S. CHESEBROUGH	County, mataria, adieu
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1.0
	Signed Connie Lawson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

To a serie of Application

County

To a serie of Application

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

Female Applicant 50 No X Yes The State of Physician Arrest, H.D. Yes The State of Physician Arrest, H.D.

MALE APPLICANT	FEMALE APPLICANT
Name P First Middle Last	Name YV First I A Middly Last D . 0
Date of Birth Month Day Year	Date of Birth Month Day Year Year
11, 15 66	2 11 62
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Fart Oale than po
Residence Address Street of R.R. 1 City 1 D County 3 State	Residence Address Street or R.R. County State 6/
4906 Jukey Tool Fed. Jonsoille	10014 Oxceala No. Inspis Nens)
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death ☐ Divorce ★ Annulment ☐ Date 1991
A N 10:	- 1 - 0
Date of birth verified by: Birth Certificate Other (Specify) N1. The	Date of birth verified by: Birth Certificate Other (Specify) . The
1. Are you now or have you ever been adjudged to be of unsound mind? No ₩ Yes □	Are you now or have you ever been adjudged to be of unsound mind? Not Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No₩ Yes □	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	List the full names of any dependent children.
P. 00 d. 11	000 -19
6. (a) Full name of applicant's father Russell Hayne Thomas	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
residence of latties (if deceased, so state)	Residence of father (if deceased, so state) West .
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother whith walks	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother. Turky (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Dincennes	Residence of mother (if deceased, so state).
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Simple of money (case of noting)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Christophin Engine Flow Date 1-21-93	Signature of Applicant Dyskith H. Trylol Date 1121193
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: () in this application is true and correct.
Signed Christophy Eurgene Thomas	Signed Elizabeth A. English
New Address 10014 OSCROIS DV INNIES SU	New Address 10014 Osceola Dr. Indals IN 4623-1
Subscribed and sworp to before me this day of her HENDRICKS HENDRICKS	Subscribed and sworn to before me this and day of fully , 19 93
Clerk of the RENDRICKS Circuit Court	Connectauron Serk of the HENBRICKS Circuit Court
CONSENT OF PARENTS PARENT OF SUPPLY	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Sale lade when the consent of the other parent uninecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MADDIAGE LIGHIGE IGGUES THE CONTRACT OF THE CONTRA	
	A marriage license having been refused to the above named parties, the
and filed in County authorize	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	CHRISTOPOHER EUGENE THOMAS County, Indiana,
andELIZABETH ANNE ENGLISH	I further certify that the following marriage certificate was filed in my office:
I, DANIEL A. CLEGG	(name), certify that on JULY 30, 1993
(date), atINDIANAPOLIS	in MARION County, Indiana,
RISTOPHER EUGENE THOMAS of HENDRICKS	CountyIN(state), and
ELIZABETH ANNE ENGLISH of BOONE Cou	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-30-93
Signed by: /s/ DANIEL A. GLÉGG	, CHAPLAIN (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-4-93 (date).
	1 4
	Signed Clerk Clerk
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-22-93

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 If No, Medical Examination or Report Dated 7-20-93 Name of Physician 7. Truse, H.D.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle / Last	Name First Middle - Last
Date of Birth Month. Day Year	Date of Birth Month Day Narruson
11 14 580	9 11 55
Place of Birth (State or foreign country) Olathe 12.	Place of Birth (State or foreign country) Nablesaille In.
Residence Address Narry Dr. City Indole State	Resignified Address Buy Street or R.R. Street or R.R. State Street or R.R. Street or R.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
	- 4 - 1001
Last Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1971
Date of birth verified by: Birth Certificate Other (Specify) W. File	Date of birth verified by: Birth Certificate Steer (Specify) NA. 71.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No / Yes /
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	List the full names of any dependent children.
	trin Harrison 17 yes.
Billy July 9 less on	Bakhin Lawrence Brau
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father 1990 (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother dally danies muth	(b) Full maiden name of applicant's mother 300 Late Mc Clure
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Typically S
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test, sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Donald Joung Date 7-22-73	Signature of Applicant Kathy Kynn Harrison Date 7/22/9
	A
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
	Date Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Small & Young	Signed Kully yn Varison
New Address Subscribed and sworn to before me this 22 had day of July 19 93	New Address 22 LA NOTTIS Dr. maples, my 6227
Subscribed and sworn to before me this day of hely, 19 43 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 22 day of hely 1993 Corne Saves Clerk of the HENDRICKS Circuit Court
Official Count	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) Countried HENDRICKS SS:
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
, authorize	and ansots the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-22-93, authorizing the marriage of	DONALD GENE YOUNG
and KATHY LYNN HARRISON I. PETER WATSON JENKINS	I further certify that the following marriage certificate was filed in my office:
(date), at SPEEDWAY	(name), certify that on AUGUST 7, 1993
DONALD CEME VOUNCE HENDRICHS	_ inMARIONCounty, Indiana, CountyIN(state), and
VAMUU I VAIN HADDIGON	CountyIN(state), and untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by me as authorized
Signed by: /s/ PETER W JENKINS	,
Filed and recorded in accordance with the laws of the State of Indiana on	8-23-93 (date).
	0
	Signed Canne awar Clerk
	HENDRICKS Circuit Court

209

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

Death 🗌

ACKNOWLEDGMENT

County _

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/S/ DONALD C. TRUEX

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _______, authorizing the marriage of ______JAY KENT RHODES

, authorizing the marriage of _

HENDRICKS

HENDRICKS

☐ Birth Certificate

acknowledgment because of religious beliefs.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

TONYA MARIE SMITH

DONALD C. TRUEX

date), at PLAINFIELD
JAY KENT RHODES

TONYA MARIE SMITH

Clerk of Court

State of Indiana

and filed in_

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS 7-22-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under MALE APPLICANT **FEMALE APPLICANT** Death Birth Certificate No Yes 🗌 No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind' Yes 🗌 No 🗆 Yes 🗌 / Yes 🗆 Yes 🗌 Yes 🗆 No 🗹 Yes 🗌 No D Yes 🗌 I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by acknowledgment because of religious beliefs. CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

Court, by written order issued

(name), certify that on _

HENDRICKS

in HENDRICKS

EVANGELIST

9-14-93

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

_ County

County

Signed

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

(date).

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

(name), certify that on ____SEPTEMBER 11, 1993

HENDRICKS

County, Indiana,

County, Indiana, dated _

(state), and

(official designation)

(state) were married by me as authorized

County, Indiana,

Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-23-93

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 7-19-93
If No, Medical Examination of Report Dated 7-19-93
Name of Physician 11- Sandemann, 40

MALE APPLICANT	FEMALE APPLICANT Name First Addile D Mast
Serald Kabert Stack	. Janny Lynn Chastain
te of Birth Month Day 8 Year 64	Date of Birth Mooth Day 9 Year 6 3
nce of Birth (State or foreign country) Indianapalis In.	Place of Birth (State or foreign country) Bell Caunty Telax
sidence Address 1) Street or FIR. DGity County Cl. State	Residence Address Street or R. Street or R. State
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date 1988
Y NO	- 1 20:
e of birth verified by: Birth Certificate State (Specify) N. A.C.	Date of birth verified by: Birth Certificate Cher (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No / Yes / Are you related to the female applicant closer than second cousin? No / Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
Was alt 1	0 0 2 100 -4
(a) Full name of applicant's father Alrald Tobult Mark	6. (a) Full name of applicant's father Taul What Charles
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Patriciallan Rusht	(b) Full maiden name of applicant's mother why the first the same of applicant's mother than the same of applicant the same of applicant than the same of applicant the same of applicant than the same of applica
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Sullivar
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nune deficiency syndrome).	immune deficiency syndrogree. 1/22/
nature of Applicant Date	Signature of Applicant Date
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
erk of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given ss:
bunty of HENDRICKS in this application is true and correct. Signed HENDRICKS	County of HENDRICKS in this application is true and correct. Signed Sammy L. Chastarn
New Address	New Address
bscribed and swern before me this day of hely , 19 43	Subscribed and sworn terbefore me this 22 day of HENDRICKS Circuit Court
Clerk of the Clerk of the Circuit Court	Clerk of the MENDINERS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana)	State of Indiana)
inty ofHENDRICKS ss:	County of
	FatherID #
her ID #	Father ID # Mother ID # Subscribed and sworn to before me this day of, 19
ther ID #	Mother ID #
her ID # pscribed and sworn to before me this day of, 19Clerk	Mother ID # Subscribed and sworn to before me this day of , 19 Clerk
her ID # Secribed and sworn to before me this day of 19 Clerk Complete IF Marriage License Issued by Order OF COURT.	Mother ID # Subscribed and sworn to before me this day of , 19 Clerk A marriage license having been refused to the above named parties, the
cher	Mother ID # Subscribed and sworn to before me this day of , 19 Clerk
county, authorize	Mother
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Mother
certify that there was filed in my office a marriage license issued by the Clark ther	Mother
certify that there was filed in my office a marriage license issued by the Clated TAMMY LYNN CHASTAIN ID #	Mother
certify that there was filed in my office a marriage license issued by the Clark TAMMY LYNN CHASTAIN REV. HOWARD D. ALLEN DI #	Mother
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Mother
certify that there was filed in my office a marriage license issued by the Clated TAMMY LYNN CHASTAIN TO #	Mother
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Med filed in RETURN OF MARRIAGE LICENSE Coertify that there was filed in my office a marriage license issued by the Clerk TAMMY LYNN CHASTAIN REV. HOWARD D. ALLEN COUNTY AUTHORIZED COUNTY	Mother
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Add filed in RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerk TAMMY LYNN CHASTAIN REV. HOWARD D. ALLEN ALLEN CERALD ROBERT STACK, JR. of HENDRICKS CERAMY LYNN CHASTAIN CERALD ROBERT STACK, JR. of HENDRICKS CERAMY LYNN CHASTAIN CERALD ROBERT STACK, JR. of HENDRICKS CERAMY LYNN CHASTAIN CERALD ROBERT STACK, JR. of HENDRICKS CERAMY LYNN CHASTAIN CERALD ROBERT STACK, JR. of HENDRICKS CERAMY LYNN CHASTAIN OF HENDRICKS CERAMY LYNN C	Mother
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Gertify that there was filed in my office a marriage license issued by the Clerk TAMMY LYNN CHASTAIN REV. HOWARD D. ALLEN DANVILLE ERALD ROBERT STACK, JR. of HENDRICKS AMMY LYNN CHASTAIN of HENDRICKS Control of the Circuit Court of the Circu	Mother

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

CATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

7-22-93

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 7-16-93

Name of Physician

Cantrus Vane Jamely

HENDRICKS

_Circuit Court

10 017 0 commits a class B follows.	
MALE APPLICANT	FEMALE APPLICANT
Name French Lee Spelman	Name Anna Marie action
Date of Birth Month 4 Day 13 Year 66	Date of Birth Month / O Day / 3 Year 7 6
Place of Birth (State or foreign country) Wington (Place of Birth (State or foreign country)
Residence Address Street or J. R. Situ County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
- Y A D	- I A D.
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Hother (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No ✓ Yes ✓
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Stanley Sardon Spelma	(a) Full name of applicant's father Donald Rugene actor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother fry dan to the flac	(b) Full maiden name of applicant's mother Myrtle Katherine Ha
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Flank Lee Soelman Date 7/39/93	immune deficiency syndrome) Signature of Applicant anna actor Date 7/22/9
Jan 1441	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given county of HENDRICKS ss: in this application is true and correct.
Signed Flank Lee Spelman	Signed an action
New Address Subscribed and sworp to before me this 22nd day of Only 19 93	Subscribed and sworn to be fore me this 22 and day of Circles 1993
Conne Javan Clerk of the HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, aution2	of and another includence of a marriage needs to the above named parties.
	SE AND MARRIAGE CERTIFICATE HENDRICKS Country In Honor
I certify that there was filed in my office a marriage license issued by the Cladated 7-22-93, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, FRANK LEE SPELMAN
and ANNA MARIE ACTON STEVAN W. RANSON	I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 23, 1993
I, SIEVAN W. RANSON (date), at DANVILLE	in HENDRICKS County, Indiana,
FRANK LEE SPELMAN of HENDRICKS	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/STEVAN W. RANSON	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	8-11-93 (date).
	Signed Connie Lawson Clark

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

No X

Female Applicant 50

No. 366
File 7 - 23.93

A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Dr. Harris IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT momas Place of Birth (State or foreign country Address Street or R.R. City County State

Providuatine Ct. Proundourg OR No. of Previous Marriages Date of birth verified by: Birth Certificate Other (Specify) Other (Specify) Date of birth verified by: Birth Certificate ucense Drivers ACRUSE rivers Yes 🗌 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 List the full names of any dependent children. NA Full name of applicant's father Ferris Dale Justis (a) Full name of applicant's father Larry Eugene Thomas (If adopted, list adoptive parents only)_ (If adopted, list adoptive parents only)_ Birthplace of father (State or foreign country) of father (State or foreign country) West Virginia ne of applicant's mother Jean Christie Yausen of applicant's mother Sharon Louise Young Birthplace of mother (State or foreign country) Ohio Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court HENDRICKS Ligned Wendy HENDRICKS 1993 connat purson onne down clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We the parents of this applicant bereby give consent for this marriage. If only one parent signs HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE . I further certify that the following marriage certificate was filed in my office:

(name) certify that on AUGUST 7, 1993 R. FRED RODKEY AVON (date), at AVON
RANDALL E. THOMAS County, Indiana, County (state), and _ HENDRICKS County_ WENDY A. JUSTIS (state) were married by me as authorized HENDRICKS ASSOCIATE PASTOR (official designation) under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: __/S/ R. FRED RODKEY 8-10-93 Filed and recorded in accordance with the laws of the State of Indiana on. Clerk

Last Marriage Ended By:

List the full names of any dependent children.

acknowledgment because of religious beliefs.

Cornie dawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

Clerk of Court

and filed in

dated .

and

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT No Yes Yes 🗌 No - Yes Yes 🔲 is "yes," has the adjudication been removed? No Yes No D Yes 🔲 No Yes Yes 🔲 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-26-93 authorizing the marriage of DWIGHT FRANCIS BARGER _ County, Indiana, , authorizing the marriage of _ DONNA JEAN BARGER . I further certify that the following marriage certificate was filed in my office:

(name), certify that on ____AUGUST 7, 1993 STEVEN T. REEVES (name), certify that on HENDRECKS

BROWNSBURG (date), at_ County, Indiana,. DWIGHT FRANCIS BARGER HENDRICKS _(state), and County DONNA JEAN BARGER (state) were married by me as authorized unty, Indiana, dated 7-26-93 IN HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/S/ STEVEN T. REEVES HENDRICKS County, Indiana, dated _ PASTOR (official designation)

8-11-93 (date). Filed and recorded in accordance with the laws of the State of Indiana on_

> Signed Circuit Court

_ Clerk

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-26-93

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

Female Applicant 50 No Yes

If No, Medical Examination or Report Dated

Name of Physician Dr. Henderson

MALE APPLICANT	FEMALE APPLICANT
Name First Sho S	Name First Middle Last FFTe StyFFTe
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State (Residence Address Street or R.R. City County State
Residence Address Street or R.R. City Street Pittsboro	Route 1 Box 237C Pittsboro
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dether (Specify) Drivers License	Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Hay ley Stuffle
6. (a) Full name of applicant's father John Herbert For	6. (a) Full name of applicant's father Richard Toe Stuffle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) + adiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) + adiana (b) Full maiden name of applicant's mother Linda Lee Shafer	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Linaa Lee Shater (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Janet Ruth Now 11
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome
Signature of Applicant Applicant Date 7-26-8	Signature of Applicant Report
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Si	Signed Xclope L. Stuppe
New Address 122 Smith Street Pittsboro Subscribed and sworm to before me this 26 day of July 19 9 3	New Address X 122 Smith Street Pittsboro
(mnie danse) HENDRICKS	Subscribed and sworn to before me this day of July 19 93
Clerk of the Circuit Court	Connic dawson de Clerk of the HENDRICKS 'Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated $7-26-93$, authorizing the marriage of $_$	JOHN S. FRY
and HOPE R. STUFFLE	I further certify that the following marriage certificate was filed in my office:
, REV. GEORGE PURNELL (date), at PITTSBORO	(name), certify that on AUGUST 14, 1993
JOHN S EDV	in HENDRICKS County, Indiana, IN (tata) and
HODE D CHIEFIE	CountyIN(state), and untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-26-93
Signed by: /S/ REV. GEORGE PURNELL	,PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-19-93 (date).
	1. 9
	Signed Connel Causon Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 / Yes 🗆 No 🗆 / 'yes," has the adjudication been removed? Yes 🗌 No Yes No / Yes 🗆 Yes 🗌 / Yes 🗆 Yes 🔲 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court HENDRICKS Subscribed and sworn Clerk of the Conne Lawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, 7-26-93 , authorizing the marriage of MICHAEL RAYMOND ESAMANN dated _ JANET SUE WEIDA _ . I further certify that the following marriage certificate was filed in my office: STEPHEN WHITE (name), certify that on __ AUGUST 7, 1993 PLAINFIELD (date), at HENDRICKS _ County, Indiana,_ MICHAEL RAYMOND ESAMANN MARION IN (state), and JANET SUE WEIDA HENDRICKS _ County _ (state) were married by me as authorized

HENDRICKS

MINISTER

8-10-93

Signed

County, Indiana, dated 8-7-93

Circuit Court

(official designation)

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

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

/s/ STEPHEN WHITE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Bradley Patrick Ott	Name Tristine Michelle Mass
Date of Birth Month 2 Day Year 70	Date of Birth Month Day 3 Year 6 7
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or, R.R. City County State	Residence Address Street or R.R. CAD County State 1
319 6. Main St. Brumshung In.	319 E. Whain Munsburg (Wend)
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 199	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
- I Million	- Million
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ✓ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ / Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Juny Lynn Ott	6. (a) Full name of applicant's father Llayd Vance Moare
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Hanklin, In	Residence of father (if deceased, so state) Lake Flacial, Fla
Birthplace of father (State or foreign country) The Birthplace of father (State or foreign country) The Birthplace of father (State or foreign country) The Birthplace of father father beautiful for the father father beautiful for father fat	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother that the state of applicant's mother than the state of applicant than the stat	(b) Full maiden name of applicant's mother frequency (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Trables on	Residence of mother (if deceased, so state) Beach Grant J
Birthplace of mother (State or foreign country) Sales	Birthplace of mother (State or foreign country) Ky.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted,/and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndromen
Signature of Applicant Stables P.OM Date 7.27.93	Signature of Applicant Chustism M Mooke Date 127/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given SS: A big this coefficient is two and assets the same and asse
County of HENDRICKS Signed Reader P. of this application is true and correct.	County of HENDRICK Min this application is true and correct. Signed County of Min this application is true and correct.
New Address SAME	New Address SAME
Subscribed and sworp to before me this 27th day of July , 19 9.3	Subscribed and sworn to before me this 27th day of July 19 93
ornie fauren Clerk of the HENDRICKS Circuit Court	Corne Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) State of Indiana) SS:
County of	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MARRIAGE MOTION	TE AND MADDIAGE OFFICE ATE
I certify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	BRADLEY PATRICK OTT County, Indiana,
and KRISTINE MICHELLE MOORE	I further certify that the following marriage certificate was filed in my office:
I, DAVID C. JOHNSON	(name), certify that onAUGUST 7, 1993
(date), at FRANKLIN BRADLEY PATRICK OTT of HENDRICKS	_ in _ JOHNSON County, Indiana,
VETCHINE MICHELLE MOODE UENDRICKS	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-7-93
Signed by: /s/ DAVID C. JOHNSON	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-12-93 (date).
	11
	Signed Onne Jawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated
Name of Physician IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the nary circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Divorce Last Marriage Ended By: Birth Certificate Other (Specify) No No 🗹 No / Yes Yes 🗌 Nov Yes No Yes 🗌 No Yes 🗆 NoB Yes 🗌 Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court State of Indiana HENDRICKS Conne Jawson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 7-27-93 , authorizing the marriage of ROBERT SCOTT ORR DONICA ANN CONSTANT and . I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 21, 1993 DON GEIGER

MARION

County _

IN

HENDRICKS

8-24-93

PASTOR

HENDRICKS

HENDRICKS

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

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

County, Indiana,

HENDRICKS

_(state), and

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 8-21-93

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

(date), at __INDIANAPOLIS

DONICA ANN CONSTANT

Signed by: /s/ DONAD M. GEIGER

ROBERT SCOTT ORR

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County Date of Application

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

Female Applicant 50 No 1 Yes I If No, Medical Examination or Report Dated Name of Physician James Spreaker Yes 🗆

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Ross Jelbee Year	Date of Birth Month Day Year
5 31 70	2 10 72
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 3248 Smith Rd Ind RIS. IN Handricks A	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married- OR No. of Previous Marriages
The second secon	~
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes ✓	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No X Yes	4. Are you now under the influence of a narcotic drug? No X Yes 5. List the full names of any dependent children.
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth Ray Selbee	6. (a) Full name of applicant's father Max Mallie, Veters
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Think In	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Mary Louise Benham	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother 1. (b) Consider the constant of the	(b) Full maiden name of applicant's mother trances Janine Berry
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Pringville, IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7: 24-93 The above applicant has objected to visibility by eath as efficiently as signature to the above.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The characteristics be able to the virus that causes AIDS (acquired immune deficiency syndrome). Date 7-28-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Same as above New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed County of HENDRICKS Signed County of HENDRICKS Signed County of HENDRICKS Signed County of HENDRICKS Subscribed and sworn to before me this HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) State of HENDRICKS SS:
FatherID #	County of
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IS MARRIAGE LIGHTING TOURS BY ORDER OF COURT	
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in , authoriz	tes and directs the issuance of a marriage license to the above named parties.
· · · · · · · · · · · · · · · · · · ·	
I certify that there was filed in my office a marriage license issued by the Cl	
andREBECCA JEWELL PETERS	I further certify that the following marriage certificate was filed in my office:
I, B. W. WILLIAMS	(name), certify that onAUGUST 14, 1993
(date), atSPRINGVILLE	_ inLAWRENCE County, Indiana,
ANDREW ROSS SELBEE of HENDRICKS	CountyIN(state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/5/ B. W. WILLIAMS	County, Indiana, dated 1-20-93
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1 (000)
	Signed Connie Lawson Clerk
	Signed Correct Clerk HENDRICKS Circuit Court

Clerk Circuit Court

5203 N

acknowledgment because of religious beliefs.

Subscribed and sworn to selore me this 2759
Correct Sussess Clerk of the

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

Clerk of Court

County of

Last Marriage Ended By:

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Nox IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under MALE APPLICANT **FEMALE APPLICANT** No Yes Yes 🗌 No 🗆 /Yes 🗆 No/D Yes 🔲 Yes 🗌 No Yes | Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs Clerk of Court 19a day of JU Connedawson CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS ID #_

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

	ENSE AND MARRIAGE CERTIFICAT	
I certify that there was filed in my office a marriage license issued by the dated 7-29-93 authorizing the marriage of	Clerk of the Circuit Court of	HENDRICKS County, Indiana,
	BRENT ANTHONY BOYD	The second is the second second second second second
	I further certify that the following	g marriage certificate was filed in my office: JULY 29, 1993
I, CINDY SPENCE	(name), certify that on	JULY 29, 1993
(date), atDANVILLE	in HENDRICKS	County, Indiana,
BRENT ANTHONY BOYD of HENDRICKS	County IN	(state), and
EANETTE SUZANNE HAGGARD of HENDRICKS	County IN	(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court	t of HENDRICKS Cou	unty, Indiana, dated 7-29-93
Signed by: /s/ CINDY SPENCE	. 1ST DEPUTY CLERK	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	n = 7-29-93 (date).	
	1	P

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 374

HENDRICKS

County

File

7-30-93

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 Ves If No, Medical Examination or Report Dated 7-28-93

Name of Physician Washington M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Janes Middle Rallison	Name Lisa Male Kallat
Date of Birth Month 9 Day 17 Year 66	Date of Birth Month 2 Day Year 59
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5 dickridge In. Kanville In.	7472 Marrington Ct. Marin Intols,
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ★ Annulment ☐ Date 1983	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Other (Specify) Dr. Lie Reseif	Date of birth verified by: Birth Certificate Cher (Specify) Dr. Lice
The day of the same of the sam	
1. Are you now or have you ever been adjudged to be of unsound mind? N&V Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
1. Are you now or have you ever been adjudged to be of unsound mind? Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ✓
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Ves 5. List the full names of any dependent children.
	S. List the fair names of any dependent crimateri.
2 211	0191
6. (a) Full name of applicant's father Type Pallison	6. (a) Full name of applicant's father fack Anward
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Monica Sue Subb	(b) Full maiden name of applicant's mother Barbare ann Stray
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Supplies of Months (State of Holigh, Stormy)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sizes for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Jacob Date 7-30-93	Signature of Applicant Susa Mae Kafut Date 7-30-9
the shows applicable to shireted to writing to such a second seco	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss: County of HENDRICKS In this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed Joseph Signed	Signed Lise M Kalfrat
New Address 5 Lick idge Lane Penville Subscribed and sworm of before me this 30th day of Only 19 93	New Address 5 WCKMISS LANE DAWIIIS
Subscribed and sworm to before me this	Subscribed and sworn to before me this 30th day of July 1993 Connel Jawson Clerk of the HENDRICKS Circuit Court
O) Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
county of <u>HENDRICKS</u> ss:	County of
ather ID #	Father ID #
tother ID # ubscribed and sworn to before me this day of 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me trils day or, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in county authorize	es and directs the issuance of a marriage license to the above named parties.
	and another the restaures of a marriage restrict to the above married parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
, dumorizing the marriage of _	I further certify that the following marriage certificate was filed in my office:
, REV. KENNETH SMITH	(name), certify that on JULY 31, 1993
date), at PLAINFIELD	in HENDRICKS County, Indiana,
TICA MAD MAT DOAM	County IN (state), and
LISA MAE KALFRAT of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized
Signed by:/s/ REV. KENNETH SMITH	
Filed and recorded in accordance with the laws of the State of Indiana on	
	1
	Signed Clerk Clerk
OYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married Other (Specify) Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗌 Yes 🗌 No Yes No Yes 🗆 No Yes Deceased Birthplace of mother (State or foreign country). TNDTANA The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court HENDRICKS' CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-29-93, authorizing the marriage of WILBUR EUGEN County, Indiana, WILBUR EUGENE MILLER , authorizing the marriage of _ RACHEL J. MANNIES . I further certify that the following marriage certificate was filed in my office:

(name), certify that on ___AUGUST 3, 1993 REV. HOWARD D. ALLEN DANVILLE (date), at _____DANVILLE WILBUR EUGENE MILLER HENDRICKS County, Indiana, (state), and County RACHEL J. MANNIES HENDRICKS IN County. HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: __/S/ REV. HOWARD D. ALLEN ELDER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on. 8-4-93

Signed

acriso

Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 7-29-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated Name of Physician A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Date of birth verified by: Birth Certificate No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Xes 🗌 Yes 🗌 No Yes | Yes 🗌 No Yes I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Signed Gill A. Weddle in this application is true and New Address

New Address

Box 12/12, Welcome, MC. 27374

scribed and sworn to before me this 29 day of Duckey. Comice Lawson Clerk of the HENDRICKS Connedaws Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs. State of Indiana COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. County_ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE , authorizing the marriage of _ JILL ANGELA WEDDLE _____. I further certify that the following marriage certificate was filed in my office: ______ (name), certify that on ______ JULY 31, 1993 REV. DONALD TYLER (name), certify that on _____ BROWNSBURG _ County, Indiana,_ JASON CHARLES CHENOWETH ALLEGHANY VA

County

_ County _

IN

8-3-93

HENDRICKS

(date).

MINISTER

HENDRICKS

(state), and

County, Indiana, dated _

HENDRICKS

(official designation)

(state) were married by me as authorized

_ Clerk

Circuit Court

JILL ANGELA WEDDLE

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

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

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes 7-16-9

If No, Medical Examination or Report Dated 7-16-9

Name of Physician Josue Villiata H.D

MALE APPLICANT	FEMALE APPLICANT
Name Thanks (would Berlier)	Name Kern ann Stakes
Date of Birth Month Day Year 5-9	Date of Birth Month 7 Day 13 Year 1 4
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address / Sheet or R.R. City Rounty 'A State	Residence Address / Stylet of R.B. Gity County A State
205 Holiday On. Plainfield.	205 Holiday On. Philipeld, J
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1993
Date of birth verified by: Birth Certificate Sother (Specify)	Date of birth verified by: Birth Certificate Ather (Specify)
- France.	- Finance.
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No / Yes /	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children. Jedd 11. Stakes 5 ages.
6. (a) Full name of applicant's father albert Leo Berlier	6. (a) Full name of applicant's father Kindall G. Shank
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother nary Velares Byers	(b) Full maiden name of applicant's mother Beauty a Novis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
immune deficiency syndrome). Thomas Official Date 7-30-93	Signature of Applicant Bemberly A Stokes Date 7-30-9
	· · ·
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICAS in this application is true and correct. Signed Section S	County of HENDRICAS Signed Plemberly N Signed Signed Plemberly N Signed N
New Address SAME	New Address SAME
Subscribed and sworn to before me this 30th day of uly 19 93	Subscribed and sworn to before me this 30 day of HENDRICKS HENDRICKS
Clerk of the Circuit Court	CIRCUIT Clerk of the HEIVENICAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID # ID # ISubscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this day of, 19Clerk
AND REPORT OF THE PERSON OF TH	THE STATE OF THE PARTY OF THE P
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedetc. Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana, THOMAS JOSEPH BERLIER
and KIM ANN STOKES	. I further certify that the following marriage certificate was filed in my office:
I, CINDY SPENCE	(name), certify that onJULY 30, 1993
(date), at DANVILLE THOMAS JOSEPH BERLIER of HENDRICKS	_ inHENDRICKS County, Indiana,
VIMPERI V ANN CHOKEC	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	istary istary were married by me as authorized
Signed by: /s/ CINDY SPENCE	,1ST_DEPUTY_CLERK_ (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-30-93 (date).
	Carried
	Signed Ornel Aurson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 7-30-93
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 Separated

If No, Medical Examination or Report Dated

Name of Physician Separates

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Starting Year wood	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
	ZN
Residence Address Street or R.R. City County State 218 N. Frant St. B. Durg	Residence Address Street or R.R. City County State 3 lobe 1 Franch Street or R.R. Traps.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 9-92	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9 - 9 - 1
Date of birth verified by: Birth Certificate QOther (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? 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. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Social Townes Year wood (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Persons Birthplace of father (State or foreign country) Service (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Bours Townes Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Sten Allen Harshbarger (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Berlington IN Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother borothy Waxine Unger (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Berlington IN Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
l acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-30-93	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant to a bijected to writing by a state of the virus that causes AIDS (acquired immune deficiency syndrome). Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed State of Mender	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Cierk of the Cierk of the I swear/affirm that the information given in this application is true and correct. Advances Advances Advances Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 7-30-93, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, THOMAS S. YEARWOOD
and MARGO H. THOMAS I. CINDY SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on JULY 30, 1993
(date), at DANVILLE	in HENDRICKS County, Indiana,
THOMAS S. YEARWOOD of HENDRICKS	County IN
MARGO H. THOMAS of MARION Con under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ CINDY SPENCE	
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Cornie Jawson Clerk
ROYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No D If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the D. Drew, H.D Name of Physician . circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Death Last Marriage Ended By: Yes 🗆 Yes 🔲 No 🗆 No Yes No No 🗹 Yes 🔲 Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received informal regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs Clerk of Court Clerk of Court HENDRICKS Cornejawsm HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-30-93 authorizing the marriage of MICHAEL ERNIE HALL County, Indiana, , authorizing the marriage of _ DEBORAH SUE GOLDMAN . I further certify that the following marriage certificate was filed in my office:

AUGUST 7, 1993 R. FRED RODKEY AVON (date), at AVON
MICHAEL ERNIE HALL County, Indiana, HENDRICKS (state), and HENDRICKS County

IN

8-10-93

HENDRICKS

ASSOCIATE PASTOR (official designation)

(state) were married by me as authorized 7-30-93

Clerk

Circuit Court

County, Indiana, dated _

HENDRICKS

DEBORAH SUE GOLDMAN

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/s/ R. FRED RODKEY

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 7.30.93 Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Th A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician . IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of Birth Never Married Previous Marital Status: Never Married OR No. of Previous Marriages Death Divorce 💢 Last Marriage Ended By: Death Divorce D Date of birth verified by: Birth Certificate Dother (Specify) SS# 315-72-5287 Date of birth verified by: Birth Certificate ROther (Specify) No Yes No 🗌 Yes 🗌 No 🗆 Yes 🗌 Yes 🗌 No D Yes 🗌 No Yes No D No Yes No Caeary Marshall Lee Reed (a) Full name of applicant's father tadie barland Tr. of mother (if deceased, so state) Indplo Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature acknowledgment because of religious beliefs Clerk of Court State of Indiana HENDRICKS SAME before me this 30 th CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-30-93 authorizing the marriage of STEPHEN LEE GARLAND HENDRICKS _, authorizing the marriage of _ SUE ANNIE REED . I further certify that the following marriage certificate was filed in my office: (name), certify that on ____JULY 30, 1993 CINDY SPENCE _ (name), certify that on _ HENDRICKS (date), at ____DANVILLE County, Indiana, STEPHEN LEE GARLAND HENDRICKS IN County _ (state), and SUE ANNIE REED HENDRICKS IN (state) were married by me as authorized _ County _ under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: __/s/ CINDY SPENCE HENDRICKS County, Indiana, dated 7-30-93 1ST DEPUTY CLERK (official designation)

7-30-93

(date).

Clerk Circuit Court

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

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
AME MARK D. PENDLETON	Name Cherry Middle Middle Middle
te of Birth Month Day Year	Date of Birth Month Day Year
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
THOIANA	Indiana
389 W. Co. No. 1025N., NORTHS ALEM, HEXDROKS FR	Residence Address W. Eyert or R.R. City Rd. 1025 N., NORTH SALEM F
With the	t learner ill.
vious Marital Status: Never Married C OR No. of Previous Marriages	Previous Marital Status: Never Married M. OR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Dother (Specify) DRIVER'S CICENSE	Date of birth verified by: Birth Certificate Cother (Specify) \\ \textit{RIVER'S (ICENSE)}
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No ✓ Yes ✓	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father ROBERT C. PENDLETON	6 (a) Full name of applicant's father JERRY T. MOKLEY
	6. (a) Full name of applicant's father OCKLY
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) THO IANA
(b) Full maiden name of applicant's mother RUTH ANN NICKOL	(b) Full maiden name of applicant's mother Jubith A. COATS
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) TND/IHNA	Residence of mother (if deceased, so state) THE CANA
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) THOIANA
induce deficiency syndrome). Applicant X Date 8-2-93 The above applicant has objected to verifying by oath or affirmation or signature to the above	immune deficiency syndrome). Signature of Applicant A Decyl Mox Ly Date 8-2-93 The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs. erk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
size of Indiana ounty of HENDRICKS Signed A HENDRICKS New Address Ame As ABBUE day of HUNDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed & Cherry Market Marke
DUCCUT OF PARENTS PARENT OR CHARDIAN	CONSENT OF PARENTS PARENTS OF CHARDAN
DNSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	we, the parents of this applicant, nereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tie lacis which make the consent of the other parent dimecessary	State latis which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana
ounty of HENDRICKS ss:	County of HENDRICKS ss:
her ID #	Father ID #
ther ID #	Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	marriage license having been refused to the above named parties, the
Countyauthorize	Court, by written order issued
id filed iii, authorize	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle ated, authorizing the marriage of and CHERYL LYNN MOXLEY	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON I further certify that the following marriage certificate was filed in my office:
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle ted 8-14-93, authorizing the marriage of CHERYL LYNN MOXLEY REV. T. WYATT WATKINS	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 14, 1993
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle ated 8-14-93, authorizing the marriage of CHERYL LYNN MOXLEY REV. T. WYATT WATKINS ate), atNORTH SALEM	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 14, 1993 in HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENS Control of the control	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON
RETURN OF MARRIAGE LICENSE CERTIFY that there was filed in my office a marriage license issued by the Cleated 8-14-93, authorizing the marriage of decided CHERYL LYNN MOXLEY REV. T. WYATT WATKINS Sate), at NORTH SALEM MARK DAVID PENDLETON of HENDRICKS CHERYL LYNN MOXLEY of HENDRICKS Constitutions of the control of t	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON
RETURN OF MARRIAGE LICENSE CERTIFY that there was filed in my office a marriage license issued by the Cle sted	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle ated 8-14-93, authorizing the marriage of CHERYL LYNN MOXLEY REV. T. WYATT WATKINS ate), at NORTH SALEM MARK DAVID PENDLETON of HENDRICKS CHERYL LYNN MOXLEY of HENDRICKS CHERYL LYNN MOXLEY of HENDRICKS Chery Lynn Moxley of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of gned by: _/s/ THE REV. T. WYATT WATKINS	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON - I further certify that the following marriage certificate was filed in my office: - (name), certify that on AUGUST 14, 1993 - in HENDRICKS County, Indiana, - County IN (state), and IN (state) were married by me as authorized was filed in my office: - (name), certify that on AUGUST 14, 1993 - (state) Line (state), and IN (state) were married by me as authorized was filed in my office: - (name), certify that on AUGUST 14, 1993 - (state), Indiana, Mated Mendricks County, Indiana, dated Mendricks (official designation)
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle ated 8-14-93, authorizing the marriage of CHERYL LYNN MOXLEY REV. T. WYATT WATKINS late), atNORTH SALEM MARK DAVID PENDLETON ofHENDRICKS CHERYL LYNN MOXLEY ofHENDRICKS Counter a marriage license that was issued by the Clerk of the Circuit Court of ligned by:/5/ THE REV. T. WYATT WATKINS	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON
RETURN OF MARRIAGE LICENSE CERTIFY that there was filed in my office a marriage license issued by the Cleated 8-14-93, authorizing the marriage of chery Lynn Moxley REV. T. WYATT WATKINS State), at NORTH SALEM MARK DAVID PENDLETON of HENDRICKS CHERYL LYNN MOXLEY of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of signed by: /5/ THE REV. T. WYATT WATKINS Siled and recorded in accordance with the laws of the State of Indiana on incomplete the control of the county of the Court of the county of the coun	erk of the Circuit Court of HENDRICKS County, Indiana, MARK DAVID PENDLETON - I further certify that the following marriage certificate was filed in my office: - (name), certify that on AUGUST 14, 1993 - in HENDRICKS County, Indiana, - County IN (state), and IN (state) were married by me as authorized with the married with the married by me as authorized with the married with the m

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File S-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 7-8-93
If No, Medical Examination or Report Dated
Name of Physician

Name of Physician

_Circuit Court

Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (if deceased, so state) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of he test sites for beverup that causes AIDS (acquired mune deficiency syndrome).	Name Pirat
Street or R.R. City County Coun	Place of Birth (State or foreign country) Residence Adyrigs Street or R.R. City Coupty Residence Adyrigs Street or R.R. City Coupty Residence Adyrigs Street or R.R. City Coupty Residence Adyrigs Death Divorce Annulment Date 983
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a fust of the est sites for the sirus that causes AIDS (acquired)	Residence Addrops
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a fust of the est sites for the sirus that causes AIDS (acquired)	Residence Addrops
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t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
nune deliciency syndrome).	immune deficiency syndrome). / / / /
inature of Applicant August 1911 On Date 87-73	Signature of Applicant / MM . Shee Date 8-67
1 1010	
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
ate of Indiana	State of Indiana) I swear/affirm that the information given
ate of Indiana HENDRICKS ss: in bis application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Men of Man	Signed / dwn (· Shell
New Address 3Aerre	New Address Same
ubscribed and sworn to before me this day of	Subscribed and sworn to before me this 2 day of Quy , 19 93
Clerk of the HENDRICKS U Circuit Court	Clerk of the HENDRICKS Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
and at Indiana	State of Indiana)
ate of Indiana) ss:	County of HENDRICKS SS:
ther ID #	Father ID #
otherID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
nd filed in, author	rizes and directs the issuance of a marriage license to the above named parties.
PETURN OF MARRIAGE LICE	NSE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the	
certify that there was filed in my office a marriage license issued by the cated $8-2-93$, authorizing the marriage of $_{-}$	
nd ANN CHRISTELLA GREEN	. I further certify that the following marriage certificate was filed in my office:
DEBORAH S. OTTINGER	(name), certify that on AUGUST 2, 1993
date), at LEBANON	in BOONE County, Indiana,
GERARD F. MASON of HENDRICKS	
ANN CHRISTELLA GREEN of HENDRICKS	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 8-2-93
Signed by: /s/ DEBORAH S. OTTINGER	CLERK OF THE COURT (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	8-3-93 (date).
	0

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 8-2-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Yes
If No, Medical Examination or Report Dated Female Applicant 50 A person who knowingly furnishes false information to a clerk of the Name of Physician _ Ifm Khwards, M. P. circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: No 🗆 / Yes 🗆 No 🗌 Yes 🔲 /Yes 🗆 No D Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS lanna Comie dewson Clerk of the HENDRICKS (HENDRICKS Corne Lawson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, 8-2-93 , authorizing the marriage of _ RICKY LEE CRAWFORD DIANNA SUE WATKINS . I further certify that the following marriage certificate was filed in my office: CINDY SPENCE AUGUST 6, 1993 (name), certify that on _ (date), at _____DANVILLE RICKY LEE CRAWFORD DANVILLE HENDRICKS County, Indiana,_ HENDRICKS (state), and

HENDRICKS

IN

8-6-93

HENDRICKS

1ST DEPUTY CLERK (official designation)

(date).

County

Signed

___ (state) were married by me as authorized County, Indiana, dated ___8-6-93

Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 147

DIANNA SUE WATKINS

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ CINDY SPENCE

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 8-2-93
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 798 16 No, Medical Examination of Report Dated 8-2-93
Name of Physician 7. Than grant, M. X

MALE APPLICANT	FEMALE APPLICANT
Name Well Firsts & Middle Wast	Name First Middle Blast .
Date of Birth Month Day 4 Year 5 9	Date of Birth Month Day Year 66
Place of Birth (State or forgon country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Communication Congress Street or R.R.	Residence Address Street or RA. Sity Octuber Staty
945 Tinewood On apt & Hainfield	1925 Nigh Engle Trilapt 840 Intple
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1988
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Di Rice
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes
Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
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Phanks to bli thank	preph tel Binens III 6 y
(a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Municiple Campbe (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Allenwood, In.	Residence of father (if deceased, so state) Areacastle, In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother fallball and would	(b) Full maiden name of applicant's mother Bettigulene Thea
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indianapalia In.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Pluenfield, In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome).	immune deficiency syndrome).
gnature of Applicant Date	Signature of Applicant Amara The Date
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of	County of HENDRICKS ss: in this application is true and correct.
New Address 1925 High shall That 188	Signed Sumara Sumara Tha Same
ubscribed and sworp to before me this	Subscribed and sworn to before me this 2n day of aug 1993
Clerk of the HENDRICKS Circuit Court	Chrie Lawson Clerk of the HENDRICKS Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
le, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana)
ounty of HENDRICKS ss:	County of HENDRICKS ss:
ther ID #	Father ID #
other ID #	Mother ID #
ubscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
A SAME REPORT OF THE PARTY OF T	NAME OF TAXABLE PARTY OF THE PA
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
the distribution in the entire was filed in my office a marriage decense issued by the Cut $8-2-93$, authorizing the marriage of $-$	
ndTAMARA ELLEN BIVENS	I further certify that the following marriage certificate was filed in my office:
CINDY SPENCE	(name), certify that on AUGUST 4, 1993
WILLIAM GUY WOOD of HENDRICKS	in HENDRICKS County, Indiana, (state) and
THE PERSON NAMED IN THE PE	County IN (state), and unty IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-4-93
igned by: /s/ CINDY SPENCE	,1ST_DEPUTY_CLERK (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	8-4-93 (date).
	and Commission of
	Signed Conne Clerk
CE FORMS • SYSTEMS 1-800-382-8702 1477	- Circuit Court

_Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 8-3-93

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

Female Applicant 50 No Yes Seport Dated 8-3-93
Name of Physician L. Clark, H.D.

MALE APPLICANT ZAWlocki	FEMALE APPLICANT
Name First & Middle time And Confirmation	Name Dellis a amiddle History
Date of Birth Month APRIL Day 1959	Date of Birth Month Day Year 6.2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or A.R. City County State	Residence Address / Street or R.R. City County States
344 MEADOW DEAPT3 DANVILLE IN	273 6. 200 S. Danville, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Sp. No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) DRIVERS CICENSE	Date of birth verified by: Birth Certificate Couper (Specify)
	- and
Are you now or have you ever been adjudged to be of unsound mind? No Yes	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ 5. List the full names of any dependent children.
5. Est the fall flames of any dependent children.	3. List the full hames of any dependent children.
PTAULON EUROUS TAULAUS	61 610 71.7
6. (a) Full name of applicant's father RICHARD EUGENE ZAWLOCKI	6. (a) Full name of applicant's father Chagar Lothan Heat
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) MICHIGAN	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother GEDEGIANA WROBLESKI	(b) Full maiden name of applicant's mother Guth Judan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome (An) Lorh 8 2 92	immune deficiency syndrome).
Signature of Applicant X Date 0-3-13	Signature of Applicant / Sibra Alba Vall Date 8/3/43
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss: in this application is true, and correct.
Signed X/ WWWCk-	Signed William Milesa Styn Weath
New Address Subscribed and sworn to before me this 3rd day of Queg. 19 93	New Address 344 Wladow The Dawelle Ja He. Subscribed and sworn to before me this 3rd day of aug., 19 93
Subscribed and sworn to before me this tray of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 3 ¹ day of 2 ¹ day of 2 ¹ day of 2 ¹ Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
	Sade later when make the consent of the other parent amounted
State of Indiana) HENDRICKS SS:	State of Indiana) SS:
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage licenses having been refused to the above named parties, the
	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
PETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 8-3-93, authorizing the marriage of	DONALD IGNATIUS ZOWLOCKI
and DEBRA ANN HIATT ANDREW J. SIMKINS	I further certify that the following marriage certificate was filed in my office:
I, ANDREW J. SIMKINS (date), at DANVILLE	in HENDRICKS County, Indiana.
DONALD TONATTIES TOWN OCKT . HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
DEBRA ANN HIATT of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-7-93
Signed by: /s/ DR. ANDREW J. SIMKINS Filed and recorded in accordance with the laws of the State of Indiana on	,MINISTER (official designation) 8-11-93 (date). \(\chi^{\chi} \)
Thea and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Connie Jawson Clerk
	Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Last Marriage Ended By: No 🗆 Yes 🗌 No 🗌 Yes 🗌 No D Yes 🗌 No Yes / Yes 🗆 Yes 🗌 No 🗹 Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court day of ang . 19 73 day of ang , 19 93
HENDRICKS Corne Jawson onne awson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give cons **HENDRICKS** HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, , authorizing the marriage of ____EMERSON SCOTT GULLEY 8-3-93 DINA MICHELE HATHAWAY _ . I further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 4, 1993 JAMES L. RANARD (date), at PLAINFIELD in HENDRICKS __ County, Indiana,_ of___HENDRICKS EMERSON SCOTT GULLEY IN _(state), and DINA MICHELE HATHAWAY of_ HENDRICKS County_ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated 8-3-93 PASTOR Signed by: /s/ REV. JAMES L. RANARD (official designation)

9-30-93

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

	FEMALE APPLICANT
Name Pirst Middle VIS	Name First Middle Mills
Date of Birth Day Year Vear	Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
ZD	
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 534 Knderly Ave At & Bhurg
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 10 - 891	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gother (Specify)	Date of birth verified by: Birth Certificate QOther (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ♥️ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ★ Yes □	4. Are you now under the influence of a narcotic drug? No No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
The state of the s	
6. (a) Full name of applicant's father James W. Alford	6. (a) Full name of applicant's father John Phillip Mills
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Beech rove TN	Residence of father (if deceased, so state) Indfly In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother IVOCCIO Ann Reese	(b) Full maiden name of applicant's mother VIVO NICE L. Cherma
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
	Shapare of motion (case of 100gh contin)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Aday of HENDRICKS Subscribed and sworn to before me this Signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Aday of HENDRICKS Signed Aday of HENDRICKS Subscribed and sworn to before me this Signs, state facts which make the consent of the other parent unnecessary State of Indiana Ounty of HENDRICKS Signed Aday of HENDRICKS Signed Aday of HENDRICKS Signed Aday of HENDRICKS	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana New Address Subscribed and sworn to before me this Clerk of the Consent OF Parents, Parent, Or Guardiant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Circuit Court Consent OF Parents, Parent, Or Guardiant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Circuit Court Consent OF Parents, Parent, Or Guardian County of HENDRICKS Signed Circuit Court Consent of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother Subscribed and sworn to before me this day of 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issued
and med in, authorize	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 8-3-93, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
, dunorizing the marriage of _	I further certify that the following marriage certificate was filed in my office
I, BRADFORD F. PURDY	(name), certify that on <u>AUGUST 28, 1993</u>
(date), atSPEEDWAY	in MARION County, Indiana,
ROBERT L. ALFORD of HENDRICKS	County IN(state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ BRADFORD F. PURDY	OF FROM LAND
Filed and recorded in accordance with the laws of the State of L. !	
Filed and recorded in accordance with the laws of the State of Indiana on	9-15-93 (date).
	Signed Connie Lawson Clerk

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File Date of Application

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

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

Name of Physician ______

## severe in "yes" has the adjustant has moment	MALE APPLICANT	FEMALE APPLICANT
Source and the control of the contro		
The act and active to the active acti		Date of Birth Month Day Year
The contract with the control of this of Process stronger See	Place of Birth (State or foreign country)	
The control factor factor factors and control of the control of th	Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Les deures traine by Down	1 17 505 1	
Size of two market by _ mon Carriage	Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Size of two market by _ mon Carriage	Last Marriage Ended By: Death D. Divorce Annulment Date 89	Last Marriage Ended By: Death Divorce Annulment Date 11.90
If arrest in "ye" has the adjustance have recovered to the control country and the control of the control country and the c	Date of birth verified by: Birth Certificate QOther (Specify) Dr. Lic	Date of birth verified by: ☐Birth Certificate ☐Other (Specify) ☐ ☐ ☐ ☐ ☐
If arrest in "ye" has the adjustance have recovered to the control country and the control of the control country and the c		
2. An exp you wanted to the hearth applicant closer has become counted. 2. An exp you wanted the hearth and a straight closer that an expect counted. 3. Any you wanted the hearth and a straight closer that a straight closer tha	1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
3 Are you now under the influence of an accordic closury 1 No. 1 N		
As your own wheth the Influence of a second design. Let the full names of any dipoment children. 5. Let the full names of any dipoment children. 5. Let the full names of any dipoment children. 6. Let the full names of any dipomen		
6. (o) Full name of approach shirters. 6. (o)		
The above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or affirmation or affi	5. List the full names of any dependent children.	
The above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or affirmation or affi		
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Betroflece of state (Pales or foreign coursy) Plastance of mother (if deceased, to state) (Pales of the Clark		
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Berhplace of mother (State or foreign country) ACKNOMLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmined, effo a jill of graphest state plants of graphest state shall be thrus that causes ADS (enquived information specified gangerous communicable of that are sexually transmined, and a sit of verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Covery of HEXIDRECKS Bilder of localise Covery of HEXIDRECKS ACKNOMLEDGMENT I acknowledge that I have received information regarding dangerous communicable of that are sexually transmined, and a sit of very strain that causes ADS (enquived that are sexually transmined, and a sit of very strain that the information gives a plant of the above applicant has believed by the content of the above and correct. Bilder of localise Covery of HEXIDRECKS ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable of that are sexually transmined, and a sexually transmined, and and and and a sexually transmined, and a sexually transmined, and a sexually transmined, and a sexually transmined, and and and and and and a sexually transmined, and a sexually transmined, and		
I acknowledge that I have received information regarding dangerous communicable diseases mut are sexually transmitted, gif a gif of per per sexual to the virus that causes ADD (acquired mutual delications) performed. Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Client of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Court Signature of Applicant The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Court Signature of Applicant The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Court Date The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Court Signature of Applicant The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Courty of HENDRICKS Signature of Applicant The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Courty of HENDRICKS Client of Courty of HENDRICKS Client of Indiana Courty of HENDRICKS Subscribed and swom to before me this day of Department of this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana Courty of HENDRICKS Subscribed and swom to before me this day of Department of the other parent unnecessary Subscribed and swom to before me this day of Department of the other parent unnecessary The Above applicant hereby give consent for this marriag		Tn)
I acknowledge that I have received information regarding dangerous communicable diseases mut are sexually transmitted, gif a gif of per per sexual to the virus that causes ADD (acquired mutual delications) performed. Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Client of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Court Signature of Applicant The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Court Signature of Applicant The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Court Date The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Court Signature of Applicant The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Courty of HENDRICKS Signature of Applicant The Above applicant has objected to verifying by oath or affirmation or signature to the accrowledgement because of religious beliefs. Client of Courty of HENDRICKS Client of Courty of HENDRICKS Client of Indiana Courty of HENDRICKS Subscribed and swom to before me this day of Department of this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana Courty of HENDRICKS Subscribed and swom to before me this day of Department of the other parent unnecessary Subscribed and swom to before me this day of Department of the other parent unnecessary The Above applicant hereby give consent for this marriag		
Subscribed and sworn to before me this	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the Clerk of the Clerk of the HENDRICKS Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS ID #	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Ss: ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties County		
County		Subscribed and sworn to before me this day of , 19 Clerk
County	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	and filed in County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	and mod m, authorize	and directs the issuance of a marriage license to the above named parties.
I,	I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
County, Indiana, County, Indiana, County, Indiana, County (state), and County (state), and County (state) were married by me as author under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated Signed by: (official designation)		
of County (state), and of County (state) were married by me as authorized a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated Signed by: (official designation)	(date), at	in County Indiana
	of	County (state), and
Signed by:	of Cou	unty (state) were married by me as authorized
Signed by:	under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated
Thea and recorded in accordance with the laws of the state of inalana on (date).		(official designation)
	rued and recorded in accordance with the laws of the State of Indiana on	(date).
Signed	내용하고 하는 사람들은 사람들이 가는 사람들이 모든 사람들이 되었다.	SignedClerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 7 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previo Last Marriage Ended By: Death Yes 🗌 Yes 🔲 No Yes Yes 🗌 NAV Yes 🔲 Yes 🗌 Yes 🗆 No Yes No Yes ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court State of Indiana HENDRICKS PR S, BROWNSBURG, IN day of Aug Comie Jawson Clerk of the HENDRICKS Conne Jawson, Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 8-3-93 ROBERT EUGENE FERDINAND , authorizing the marriage of _ VERA JEAN HUTZLER . I further certify that the following marriage certificate was filed in my office: DAVID KOVALOW-ST. (name), certify that on AUGUST 28, 1993 (date), at_ PITTSBORO HENDRICKS _ County, Indiana,. ROBERT EUGENE FERDINAND of MARION IN County VERA JEAN HUTZLER HENDRICKS (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 8-3-93 /s/ DAVID KOVALOW-ST. JOHN MINISTER

(official designation)

Circuit Court

8-30-93

Signed

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 8-3-93 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Last Marriage Ended By No 🗆 Yes 🗆 Yes 🗌 No / Yes 🗆 Yes 🔲 Yes 🗆 Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court day of aug , 19 93 day of aug , 1993 Corrie Jawan HENDRICKS (Conne Jawson HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS dated 8-3-93 authorizing the marriage of STANLEY WILLIAM EDRINGTON, JR. County, Indiana, dated 8-3-93, authorizing the marriage of __
and PHYLLIS CAROL RUSSELL-HARRIS . I further certify that the following marriage certificate was filed in my office: (name). certify that on AUGUST 3, 1993 I, _ CINDY SPENCE _ (name), certify that on _ HENDRICKS (date), at DANVILLE
STANLEY WILLIAM EDRINGTON, JR. County, Indiana, IN County _(state), and PHYLLIS CAROL RUSSELL-HARRIS of MARION IN (state) were married by me as authorized County HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ CINDY SPENCE County, Indiana, dated _ 1ST DEPUTY CLERK

_ (official designation)

Clerk Circuit Court

8-3-93

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated Name of Physician A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Other (Sp No d Yes 🗌 No 🗆 Yes 🗆 Yes 🗌 /Yes 🔲 Yes 🗌 Yes 🗆 Yes 🔲 Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS day of aug Cornedawson Clerk of the HENDRICKS Connel Jawson HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, KIMBERLY ANN CLIFTON and _ . I further certify that the following marriage certificate was filed in my office: CINDY SPENCE (name), certify that on AUGUST 9, 1993 DANVILLE (date), at DANVILLE
TIMOTHY RAY TRUMP HENDRICKS _ County, Indiana,_ HENDRICKS IN (state), and KIMBERLY ANN CLIFTON

HENDRICKS

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

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

_ County.

HENDRICKS

, 1ST DEPUTY CLERK

8-9-93

(state) were married by me as authorized

Circuit Court

County, Indiana, dated 8-9-93

_ (official designation)

Signed by: /s/ CINDY SPENCE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 8-3-93 Female Applicant 50 No Yes If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 301 Last Marriage Ended By: No 🗌 Yes 🗌 No 🗆 Yes 🗌 No 🗌 Yes 🗌 Yes 🗌 If answer is "ves," has the adjudication been removed? No 🗌 No 🗌 Yes 🗌 No 🗆 Yes 🔲 Are you related to the female applicant closer than second cousin? No 🗌 Yes 🗌 No 🗆 Yes 🔲 No 🗌 Yes 🗌 List the full names of any dependent children **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. Clerk of Court Clerk of Court day of aug 1993
HENDRICKS Drive Zionsville day of ang Connie dawson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, , authorizing the marriage of MICHAEL ALLEN LEWIS 8-3-93 JENNIFER SUE SIMMONS _ . I further certify that the following marriage certificate was filed in my office: THOMAS PAINE, JR. INDIANAPOLIS (name), certify that on SEPTEMBER 11, 1993 (date), at INDIANAPOLIS
MICHAEL ALLEN LEWIS in MARION _ County, Indiana,_ HENDRICKS _ County ___ _(state), and _ JENNIFER SUE SIMMONS TIPPECANOE _ County _ (state) were married by me as authorized

HENDRICKS

MINISTER

9-14-93

County, Indiana, dated 8-3-93

_ Clerk

Circuit Court

(official designation)

aus

HENDRICKS

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

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

Signed by: /s/ THOMAS PAINE, JR.

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination of Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Last Marriage Ended By Last Marriage Ended By: Date of birth verified by: Birth Certificate Yes 🗌 Yes 🗌 No 🗆 / Yes 🗆 No 🗌 Yes 🗌 No D Yes 🗆 No Yes Yes 🗌 No Yes Yes 🗌 ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation Clerk of Court 3 LYNHURST DRIVE Spodway Ir day of Quy , 19 93 Come Lawson Clerk of HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, SUE WATSON and . I further certify that the following marriage certificate was filed in my office: J. RICHARD HUNT (name), certify that on AUGUST 14, 1993 MARION County, Indiana, INDIANAPOLIS (date), at_ PAUL ANDREW MEUNIER HENDRICKS IN (state), and County SUE WATSON (state) were married by me as authorized MARION IN County. under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-93 Signed by: /s/ J. RICHARD HUNT PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-24-93 (date)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 9-3-93 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination of Report Dated No. Medical Examination of Report Dated No. New Do Nall Health No A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth Previous Marital Status: Never Married OR No. of Previous Married Last Marriage Ended By: Annulment Divorce Last Marriage Ended By Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 No 🗆 / Yes 🗌 No 🗌 Yes 🗌 No / Yes 🗌 No 🔽 Yes 🗌 Are you related to the female applicant closer than second cousin? / Yes 🔲 Yes 🗌 No D No Yes **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court HENDRICKS day of AUG. day of Aug , 19 93 Corne Jawam Clerk of the HENDRICKS HENDRICKS anne paisson CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of . County, Indiana, , authorizing the marriage of ____JASON EUGENE JAMES 8-3-93 MELISSA GENE HILLERS _ . I further certify that the following marriage certificate was filed in my office: REV. THOMAS E. SMITH (name), certify that on SEPTEMBER 3, 1993 (date), at STILESVILLE HENDRICKS _ County, Indiana,_ JASON EUGENE JAMES HENDRICKS IN MELISSA GENE HILLERS HENDRICKS IN (state) were married by me as authorized __ County_

HENDRICKS

MINISTER

9-24-93

County, Indiana, dated 8-10-93

Circuit Court

(official designation)

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

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

Signed by: /s/ REV. THOMAS E. SMITH

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

8-3-93

Date of Application

Female Applicant 50 No Yes Date of Application

If No, Medical Examination or Report Dated 7-17-93

Name of Physician 7. Surface, M.D.

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

MALE APPLICANT **FEMALE APPLICANT** Birth Certificate Nod Yes 🗌 No Are you now or have you ever been adjudged to be of unsound mind? No / Yes 'yes," has the adjudication been removed? No 🗌 Yes 🗌 No Yes Yes 🗌 Yes 🗆 Yes 🗌 ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired Signature of Applicant Tollicia a Morgan Date 8 3 93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS cribed and sworn to before me this _ Carrie Jawson Clerk of the Cannie Lawson Clerk of the HENDRICKS O CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign: State of Indiana HENDRICKS HENDRICKS Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 8-3-93 DAVID MICHAEL WARREN County, Indiana, , authorizing the marriage of . PATRICIA ANN MORGAN I further certify that the following marriage certificate was filed in my office:

SEPTEMBER 18, 1993 GLENN C. CALKINS
WHITESTOWN (name), certify that on _ (date), at WHITESTOWN
DAVID MICHAEL WARREN County, Indiana, IN County (state), and PATRICIA ANN MORGAN HENDRICKS (state) were married by me as authorized County. under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ GLENN C. CALKINS HENDRICKS County, Indiana, dated _ MINISTER (official designation) 9-27-93 Filed and recorded in accordance with the laws of the State of Indiana on.

Signed .

acoso

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 / Yes 🗆 Yes 🗌 , Yes 🗌 Yes 🗌 I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature Clerk of Court Signed Melissa Come danson clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE , authorizing the marriage of ____ MELISSA ANN SHANK __. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____ AUGUST 14, 1993 DAVID S. JONES INDIANAPOLIS (date), at _ County, Indiana,_ ANTHONY SHANE NORRIS MORGAN IN County _ (state), and _ MELISSA ANN SHANK HENDRICKS IN _ County _ (state) were married by me as authorized

HENDRICKS

MINISTER

(date).

9-9-93

County, Indiana, dated 8-14-93

Circuit Court

(official designation)

acoson

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ REV. DAVID S. JONES

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

OYCE FORMS . SYSTEMS 1-800-382-8702 1471

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File Sagara

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

Female Applicant 50 No Yes 9-4-93

If No, Medical Examination or Report Dated 8-4-93

Name of Physician Sullin, M. D.

MALE APPLICANT	FEMALE APPLICANT
Name Scott Vvan Field	Name First Dawn Herndon
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
SCA.	IN
Residence Address Street or R.R. City County VA 22980-9115	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married GOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
A Assessment to the adjustment to the adjustment of the adjustment	1. Are any on the part of the
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
Quality and Till	D P. 11111
6. (a) Full name of applicant's father thanks Idarold Field	6. (a) Full name of applicant's father Ray Kandall Harndon
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother to take the Loretta Tage	(b) Full maiden name of applicant's mother Judy Sie Chamber 1912
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Lagresbora VA	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant State Feeld Date 8/3/93	immune deficiency syndrome).
Date Of Applicant	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of RENDICAS in this application is true and correct. Signed Seato Feel in this application is true and correct.	County of HENDRICAS A HENDRICATION is true and correct.
New Address	New Address 340 & Tilde Shownshurg
Subscribed and sworn to before me this 3 day of Quant, 19 93	Subscribed and sworn to before me this day of, 19 93
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in county authorize	Court, by written order issued
and med in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 8-4-93 authorizing the marriage of	SCOTT EVAN FIELD
and LISA DAWN HERNDON	I further certify that the following marriage certificate was filed in my office: (name) certify that on AUGUST 7, 1993
I, STEVEN T. REEVES	in (name), certify that on AUGUST 7, 1993 County Indiana
(date), at BROWNSBURG SCOTT EVAN FIELD of AUGUSTA	_ in HENDRICKS County, Indiana,
TICA DAWN HEDNOON	County (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/5/ STEVEN T. REEVES	County, matana, datea
Filed and recorded in accordance with the laws of the State of Indiana on	_ ,
Thea and recorded in accordance with the laws of the state of Indiana on	8-11-93 (date).
	Carrie Lange
	Signed HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	- HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 8-4-93
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.

MALE APPLICANT	FEMALE APPLICANT Name A First A Middle A Clast A
Name David Kandoll Brooks	Kelle Calleen O'Drien
Date of Birth Month // Day 9 Year 68	Date of Birth Month 8 Day / 8 Year 7 /
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address O Street og R.R. 4 City D Sounty State 1
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
- I NO:	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Specify N1. 200.	Date of birth verified by: Sirth Certificate Souther (Specify) An. Tic.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes ☐ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children
5. List the run names or any dependent children.	5. List the full names of any dependent climaters.
O and A. last Brook	16 mar Caral O'Bin
6. (a) Full name of applicant's father (1) (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Dulingit, The.	Residence of father (if deceased, so state) Allegafiell
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Than Tour Touris Survival (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Than (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indianapalis In	Residence of mother (if deceased, so state) Plaunfull
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted and a list of the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Naura Kyl Droop Date	Signature of Applicant Pelli 0181111 Date 8/4193
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS SS: in this application is true and correct.
New Address 344 Copyrian Key Lis APT B JADY IN	New Address 344 Coquina Key Land B Inolpis In 46224
New Address Subscribed and sworn to before me this 5th day of Quay 19 93 46224	New Address 344 Coquina Key Land B Inolpis, In 46224 Subscribed and sworn properore me this 5th day of aug. 19 93
Cornie Jawson Clerk of the HENDRICKS Circuit Court	Cranic Javan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	MotherID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT OF	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-5-93, authorizing the marriage of and KELLI COLLEEN O'BRIEN	I further certify that the following marriage certificate was filed in my office:
I, REV. WILLIAM E. MCKEE, JR.	
(date), atINDIANAPOLIS	_ inMARION County, Indiana,
DAVID RANDOLL BROOKS of MARION KELLI COLLEEN O'BRIEN of HENDRICKS Con	CountyIN(state), and untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-5-93
Signed by: /s/ REV. WILLIAM E. MCKEE, JR.	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	$\frac{8-24-93}{2} (date).$
	Signed Connie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes 8.

If No, Medical Examination or Report Dated 8.

Name of Physician 7. Boyler,

MALE APPLICANT	FEMALE APPLICANT
Name Leonard Bradley Lapking	Name alisson Middle anne Streete
Date of Birth Month 4 Day 13 Year 74	Date of Birth OMonth 6 Day / Year 66
flace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City Caugh Lange
343011 1000 E - 6 Knownshing	22 William Dr. apt E Asianne
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
	1 10/11. 0000.
I. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ ✓ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ✓
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Sugary Choracd Tapkin	6. (a) Full name of applicant's father Jaka Frinklingthe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Tormshurg.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Brawnshury In	Residence of mother (if deceased, so state) Plano IV.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Nebraska
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Totally Myspans Date 8-4-93	Signature of Applicant Neupon Seale 8/4/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information give SS:
County of HENDRICAS in this application is true and correct. Signed A. Bually Appens	County of REVORCES in this application is true and correct signed
New Address	New Address
Subscribed and sworn to before me this 44 day of Coug , 19 93	Subscribed and sworn jobefore me this 400 day of aug , 19 93
Corrue James Clerk of the HENDRICKS Circuit Court	Corace Jawson Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign:
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) HENDRICKS SS:
FatherID #	County of
Tainer	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IE MARRIAGE LIGENCE INCHED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	tes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana
dated 8-4-93, authorizing the marriage of ALYSON ANNE STREETER	LEONARD BRADLEY HOPKINS
WILLIAM H. BRYAN	I further certify that the following marriage certificate was filed in my office (name) certify that on AUGUST 7, 1993
(date), at GREENWOOD	in JOHNSON County, Indiana,
LEONARD BRADLEY HOPKINS of HENDRICKS	County IN (state) and
ALYSON ANNE STREETER of HILLSBOROUGHCO	unty FL (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-7-93
Signed by: /s/ W. H. BRYAN	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-11-93 (date).
	Can in Land
	Signed Connel Jawson Cle
10YCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Cou

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name List Middle Behben	Name Kimberley Middle Holle Frick
Date of Birth Month Day Year 7 5	Date of Birth Month Day Year 7 4
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address 4 & Street or R.P. Ocity County State
Previous Marrial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Ose No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) M. Juc	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No. Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Timsthey Evans Behren	S. (a) Full name of applicant's father William Andrew Fre
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother with Lee Mellstean	d (b) Full maiden name of applicant's mother thirling from Kape
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Forming PRofession 34/92	immune deficiency syndrome).
Signature of Applicant // Control Cont	Signature of Applicant Amiloudy 11. Date 0.413
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed Nanday Rehnew	County of HENDRICKS. Signed Time Office And Correct.
New Address 8322 Township IN. Ipts 46268	New Address 8322 TOWNShip Lane Inapls IN 46268
Subscribed and sworn to before me this	Subscribed and sworn to be me this day of, 19 9.3
Clerk of the RENDRICKS Circuit Court	Consultation Clerk of the HENDRICKS O Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated8-5-93, authorizing the marriage of and KIMBERLY MICHELLE FRICK	
I, LARRY TRAVIS	I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 14, 1993
(date), at AVON	in HENDRICKS County, Indiana,
VIMPEDIA MICHELLE EDICA . HENDDICAC	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ LARRY R. TRAVIS	
Filed and recorded in accordance with the laws of the State of Indiana on	8-18-93 (date).
	\mathcal{L}
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File S-5-93
Date of Application

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

Female Applicant 50 No Yes I 15-93
If No, Medical Examination or Report Dated, 7-15-93
Name of Physician . W. Falmer, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Africa Middle A Last	Name First Middle of Hast ast
Date of Birth Year 4 4	Date of Birth Month, Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address A Street or A.R. A City A Gould State	Residence Address Street or R.R. A City County Street
2723 Black Rast He Phenkeld, In	2723 Black Kack Ad Wind Fleinfre
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death ☐ Divorce ★ Annulment ☐ Date 1978
Date of birth verified by: Birth Certificate Sother (Specify)	- 1 11/0
balle of birth verified by. Dirich Certificate Active (Specify) M. Alce.	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No ❤️ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father / Award Haward Fite	6. (a) Full name of applicant's father David Seneral David
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Algerial
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother account (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Nulaavelle Wille
Residence of mother (if deceased, so state) Undunapalis In	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Cleaner to deceased.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant May VE Mu Date 8/5/93	Signature of Applicant Swam Stronger Date 8-5-93
The above exclined her shield to said in the said in t	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS (State of Indiana) I swear/affirm that the information given The sample and correct in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICKS Signed Starts Of This application is true and correct.	County of REVENCES in this application is true and correct.
New Address / Same	New Address Some
Subscribed and sworn to before me this 5th day of City 19 93	Subscribed and sworn to before me this 5 a day of Quy, 19 93
Clerk of the HENDRICKS Circuit Court	Conne Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	Out of lades
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle dated	rk of the Circuit Court of HENDRICKS County, Indiana,
and SUSAN DIANE ETHERINGTON authorizing the marriage of	STANLEY ROGER FITE
I DOUGLAS R. BRIDGES	I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 14, 1993
SMITHVILLE	(name), certify that on AUGUST 14, 1993 _ inMONROE County, Indiana,
STANLEY ROGER FITE of HENDRICKS	
SUSAN DIANE ETHERINGTON of HENDRICKS COU	inty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ DOUGLAS R. BRIDGES	
Filed and recorded in accordance with the laws of the State of Indiana on	,
	1 . 0
S	signed Connect awson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 8-5-93
Date of Application

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

Female Applicant 50 No Yes I Yes I If No, Medical Examination or Report Dated 7-20-93

Name of Physician 1. Beart M.D.

MALE ADDITIONAL	FEMALE APPLICANT
MALE APPLICANT Name	FEMALE APPLICANT Name First Topddle Labrata
Torian Jance McCarty	Bearly Jeanne Helland
Date of Birth Month 7 Day 3 Year 690	Date of Birth Month Pay 26 Year 73
Place of Birth (State or foreign country) Martinsville Ja.	Place of Birth (State or foreign country)
Residence Address Street or R.R. Asst 10 Copy of State of	Residence Address Street R. R. City 10 County Street A
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	
- × 10	
Date of birth verified by: Birth Certificate Other (Specify) On. Lie.	Date of birth verified by: Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Yes Yes No Yes Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Camryn Marly 6ms.
6. (a) Full name of applicant's father fack McCarty	6. (a) Full name of applicant's father Billy Ray Helland
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (State or familiar equation)
(b) Full maiden name of applicant's mother anet druine Meal	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Dera Catherine Fa
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Playful Tr
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brean & m Carty Date 8-5-93	Signature of Applicant Boulder Holland Date 8-5-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICKS in this application is true and correct.	County of RENDRICAS in this application is true and correct. Signed Surelly Hollow
New Address Rame	New Address Samb
Subscribed and sworn to be one me this 5 th day of the sworn to be one me this 5 th day of the sworn to be one me this the sworn to be one me the sworn to be on	aybscribed and sworn obefore me this 5 day of Cury 19 93
Clerk of the HENDRICKSV Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Father ID #	Father ID #
MotherID # Subscribed and sworn to before me thisday of19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LIGENICE ISCUED DV OPDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 8-5-93, authorizing the marriage of	
andBEVERLY JEANNE HOLLAND	I further certify that the following marriage certificate was filed in my office:
I,CINDY SPENCE	(name), certify that on AUGUST 5, 1993
(date), atDANVILLE BRIAN LANCE McCARTY of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
DELIER V TRANSP VOLUME	CountyIN(state), and untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-5-93
Signed by: /s/ CINDY SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-5-93 (date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 8-6-93

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

Female Applicant 50 No Yes Seport Dated 8-5-93
Name of Physician Dated No. Medical Examination of Report Dated No. Medical Exa

MALE APPLICANT	FEMALE APPLICANT
Name Kinnon Lee Middle Might	Name Trimberly Sue Last.
Date of Birth Month Day Year 66	Date of Birth Month Day Year 63
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.J. City County State	Residence Address Street or R.R. City County State
4285 March 515 6. 4 Drewnstry	4285 Jana 5 15 6. Thumstung in
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Cher (Specify)	Date of birth verified by: Birth Certificate Souther (Specify) TD Card
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
	gereny Linn Tyso.
6. (a) Full name of applicant's father Bruce Davis Wright	6. (a) Full name of applicant's father Chester Crawford
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Horaconslung, Un	Residence of father (if deceased, so state) Brunnburg In
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Melve Facy Brusant	Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother of Akie Manie Men
(b) Full maiden name of applicant's mother Tell Tell Tell Tell Tell Tell Tell Te	(b) Full maiden name of applicant's mother Care Phane Phane (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Brigonshing, In	Residence of mother (if deceased, so state) Sumstany In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Auray Wurd Date	immune deficiency syndrome). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given county of HENDRICKS , in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss:
Signed Human Wucht	County of HENDACAS in this application is true and correct. Signed County of HENDACAS in this application is true and correct.
New Address SAME	New Address Same
Subscribed and sworn to before me this 6 day of aug , 19 93 Circuit Court Circuit Court	Subscribed and sworp to before me this day of the HENDRICKS Circuit Court
Circuit Court	Clerk of the RENDERS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
State lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-6-93, authorizing the marriage of, and KIMBERLY SUE LINN	
	I further certify that the following marriage certificate was filed in my office: (name), certify that onAUGUST 28, 1993
(date), at BROWNSBURG	in HENDRICKS County, Indiana,
	County IN (state), and
KIMBERLY SUE LINN of HENDRICKS Co under a marriage license that was issued by the Clerk of the Circuit Court of	ounty IN (state) were married by me as authorized
Signed by:/s/ ROBERT HANEY	County, Indiana, dated 8-28-93 , MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	0 4
	Signed Cornel dawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Taren IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Birth Certificate No Yes Are you now or have you ever been adjudged to be of unsound mind? No / Yes Not / Yes 🗌 /Yes 🗌 Yes 🗌 No Yes **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the abov The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court MAPLE Danville Consie Jawson Clerk of the Connegatives Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued_ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, 8-6-93 , authorizing the marriage of ___ALEX EUGENE BRAND MELISSA ANN ROSS . I further certify that the following marriage certificate was filed in my office: S. V. STILES (name), certify that on ____AUGUST 21, 1993 DANVILLE (date), at _ HENDRICKS _ County, Indiana,_ ALEX EUGENE BRAND HENDRICKS IN _(state), and . MELISSA ANN ROSS HENDRICKS County. (state) were married by me as authorized

HENDRICKS

PASTOR

8-23-93 (date).

County, Indiana, dated 8-6-93

Circuit Court

(official designation)

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

Signed by: /s/ S. V. STILES

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes I If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Yes 🗌 No 🛛 / Yes 🗎 No 🗌 Yes 🔲 No Yes 🗌 No B Yes 🗌 No Yes Yes 🗌 No Yes ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court 214 Plaintield IN Subscribed and sworm Clerk of the HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 8-6-93 , authorizing the marriage of ____PATRICK ALAN DICK KELLY LYNN KING _ . I further certify that the following marriage certificate was filed in my office: REV. JOHN C. PARSLEY (name), certify that on AUGUST 14, 1993 PLAINFIELD (date), at_ in HENDRICKS _ County, Indiana,_ PATRICK ALAN DICK HENDRICKS IN _(state), and

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ REV. JOHN C. PARSLEY

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

_ County

Signed

HENDRICKS

PASTOR

8-18-93

Circuit Court

(official designation)

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

KELLY LYNN KING

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No× If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of birth verified by: Birth Certificate No D No D Yes 🗌 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 No 🗌 Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🗌 No D / Yes 🗌 No / Yes 🗌 No V / Yes No D Yes 🗌 No Yes Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given I swear/affirm that the information given Thomas New Address 122-Ole Marshall Dr. W. Lafay Subscribed and sworn to before me this Audy 9 day of audy 19 93 W. Lafayette, IN 47906 W.LAF, IN 47906 New Address 122-06 MARSHALL DR aug. 1993 HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County __ and filed in _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _____ dated _______, authorizing the marriage of _____ DAVID WAYNE MOOD HENDRICKS _ County, Indiana, , authorizing the marriage of _ RHENDA ANN THOMAS . I further certify that the following marriage certificate was filed in my office:

—— (name), certify that on AUGUST 14, 1993 ANDREW J. SIMKINS (name), certify that on _ HENDRICKS DANVILLE County, Indiana, DAVID WAYNE MOOD HENDRICKS County _ (state), and RHENDA ANN THOMAS HENDRICKS IN (state) were married by me as authorized County_ under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ DR. ANDREW J. SIMKINS HENDRICKS County, Indiana, dated _ MINISTER (official designation)

8-18-93

(date).

Circuit Court

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

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Anita Jo Middle Johnston
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
6128 Broadmoor Plaza Indpls IN	PO Box 262 # P/fd. ID
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 11-26
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 89993	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Anuta for formation 8-9-93
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Stent Majurel in this application is true and correct. New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Arcita for Arcita in this application is true and correct. New Address Port of Arcita for Arcita
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS Ss: Father ID # Subscribed and sworn to before me this day of , 19 Clerk	State of Indiana) ss: County of
· · · · · · · · · · · · · · · · · · ·	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county, authorize	
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated	erk of the Circuit Court of HENDRICKS County, Indiana.
and ANITA JO JOHNSTON	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on AUGUST 28, 1993
BRENT STEVEN MAXWELL of MARION	_ in _HENDRICKS
ANITA JO JOHNSTON of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-9-93
Signed by:/S/_ JOHN_CALDWELL Filed and recorded in accordance with the laws of the State of Indiana on	PASTOR (official designation) 8-31-93 (date).
	Signed Corne Jacoson Clerk MENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

County

File

8-9-93

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license	
10 31-7-9-1. Furnishing laise information upon applying for incerise	
A person who knowingly furnishes false information to a clerk of th	е
circuit court when the person applies for a marriage license unde	er
IC 31-7-3 commits a Class D felony	

Female Applicant 50 No

If No,

Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Firster Sindy Binkley	Name Glasgia Lee Stanley
Date of Birth Month / Day / 7 Year 921	Date of Birth Mooth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City / Caunty State	Residence Address Street or R.R. City . County State
6701 Meadowerest Downers Groot	+ 1115 Tarest Dr. West Braunskur,
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1985
Date of birth verified by: Birth Certificate Super (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
70/1:100	- Note you
—	
. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes," has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? 1. No Yes 1. If answer is "yes," has the adjudication been removed? No Yes Yes
Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
. Are you now under the influence of a narcotic drug? No Ves	4. Are you now under the influence of a narcotic drug? No Ves
List the full names of any dependent children.	5. List the full names of any dependent children.
1	
(a) Full name of applicant's father Samuel Faster Denkle	(g) 6. (a) Full name of applicant's father Heavye Thomas Me Vuy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Maryaret M. Manyer (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother while See Succession (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Alceysed
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Arkansas
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). I abba	immune deficiency syndrome). Q
Signature of Applicant Serkley Date 1919	Signature of Applicant Alley Date 8-7-73
The charge englished has objected to writing by only or efficiently a clearly to the charge	
The above applicant has objected to verifying by oath or affirmation or signature to the above incknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation of signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given SS: On this permission is true and correct To this permission is true and correct
County of HENDRICKS in this application is true and correct. Signed Souther of Hendricks in this application is true and correct.	County of HENDRICES). In this application is true and correct. Signed Glercone of Slawley
New Address	New Address
Subscribed and sworp to before me this 99 day of Cug , 19 93	Subscribed and sworn to before me this 90 day of aug 1993
Circuit Court	Corne Jawan Clerk of the HENDRICKS (Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) ss:	State of Indiana) HENDRICKS SS:
ounty or	County of)
ather ID # fother ID #	FatherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IS MARRIAGE LIGENCE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, theCourt, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	The same the foliation of a manage floories to the above manifed parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-9-93, authorizing the marriage of _	
REV. WILFRED E. DAY	. I further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 4, 1993
date), at BROWNSBURG	(name), certify that on SEPTEMBER 4, 1993 in HENDRICKS County, Indiana,
FOSTER D. BINKLEY of DUPAGE	_ County IL (state), and
CHODOTA THE CHANTEN	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 8-9-93
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_	9-8-93 (date).
	a Chair La
	Signed Okke Odwson Clerk
NOWS FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

8-9-93

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 8-10-93
If No, Medical Examination or Report Dated 8-10-93
Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Pate + A Middle Clast has a	Name Printer Middle That Last
Date of Birth Month 2 Day 2 Year 69	Date of Birth Month Q Day Year 7.3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. Street or R.B. State	Residence Address Street or R.R. Situal Squnty State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date / 991
Date of birth verified by: Birth Certificate Cether (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
/ Om grae.	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? Note Yes Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. September 1 of the full names of any dependent children.
6. (a) Full name of applicant's father Robert Lee askbrook	6. (a) Full name of applicant's father James Faster Harn
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Monthly State (if deceased, so state) Monthly Mont	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother llares more ancher	(b) Full maiden name of applicant's mother Wickie Sue Ray
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Camden, Jan
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Applicant A. Wy Was Date 8-775	Signature of Applicant ASHMA . Hollie Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Date - Da	Oler of Court
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
New Address SAM	Signed Alsamo + Howe
New Address Subscribed and sworn to before me this 9th day of Quy 19 93	New Address Supscribed and sworn to before me this // a day of aug , 19 93
Clerk of the HENDRICKS U Circuit Court	Chanie Jackson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 8-11-93, authorizing the marriage of	ROBERT ANTHONY ASHBROOK
andCRISTINA SUE HORNE I,TIMOTHY M. WARREN	I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 14, 1993
(date), atBROOKLYN ROBERT ANTHONY ASHBROOK of HENDRICKS	in MORGAN County, Indiana,
CRISTINE SUE HORNE of HENDRICKS Con	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ TIMOTHY M. WARREN	HENDRICKS County, Indiana, dated 8-11-93
Filed and recorded in accordance with the laws of the State of Indiana on	
	Can Land
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name I First Middle Mast +	Name Paris First Allen Middle Blendless
Date of Birth Month Day O Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street of R.B. (City County) State
9880 W 104 St 31-3 Hend Indels In	9880 W 10th St. #31-3 Indplo, In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ✓ Annulment ☐ Date 1981	Last Marriage Ended By: Death Divorce Annulment Date 1993
- V A O	0:
Date of birth verified by: Birth Certificate Other (Specify) 101. d.le.	Date of birth verified by: Birth Certificate Other (Specify) D1. Fic.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
Gretchen Marie White 6 yrs.	michaellade Query 20 yrs.
1 1 + 9/14	Thank Klust Query 18 ggs,
6. (a) Full name of applicant's father Maus Nayton White	6. (a) Full name of applicant's father Ollar Park Sann
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Margaret Kellen Willia	ms (b) Full maiden name of applicant's mother Wellen Laurise Thys
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Navis M. White Date 8/11/93	immune deficiency syndrome). Signature of Applicant Parge & Beanblesson Date 8-11-9:
Date of Applicant	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss: in this application is true and correct.
Signed Traves M. White	Signed <u>Faige</u> E. Beanhlassom
New Address Subscribed and sworp popefore me this day of Caug 19 93	New Address Same Storgscribed and sworn to before me this 1/th day of Quay 1993
Come have Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
and filed iff	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-11-93, authorizing the marriage of	
I. REV. DAVID D. MAHURIN	I further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 18, 1993
(date), at INDIANAPOLIS	in MARION County, Indiana,
TRAVIS MICHAEL WHITE of HENDRICKS	County IN(state), and
PAIGE ELLEN BEANBLOSSOM HENDRICKS Co.	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 9-18-93
Signed by: /s/ REV. DAVID D. MAHURIN Filed and recorded in accordance with the laws of the State of Indiana on	,MINISTER (official designation)
Thea and recorded in accordance with the laws of the State of Indiana on	9-21-93 (date).
	Signed Cornie Tairson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗡 If No, Medical Examination or Report Dated 12-2 Name of Physician Stegemaller, A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date 1991 Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 No 🗆 / Yes 🗆 yes 🗌 No Yes Yes 🗌 No 🗖 No V / Yes No Yes ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Jerry a. Jont The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS in this application is true and correct. Signed Jerrya Trent
New Address Sang
cribed and sworn to before me this 11 day of Koseanna day of Cang. 1993 day of aug , 19 93 Conniedawson Clerk of the HENDRICKS ! Circuit Court _Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one pa HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

dated 8-11-93

authorizing the marriage of JERRY ANDREW TRENT HENDRICKS __ County, Indiana, authorizing the marriage of ROSEANNA LYNN MCBRY I further certify that the following marriage certificate was filed in my office: (name), certify that on __AUGUST 11, 1993 CINDY SPENCE (name), certify that on HENDRICKS DANVILLE date), at DANVILLE
JERRY ANDREW TRENT County, Indiana,

HENDRICKS

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/5/ CINDY SPENCE

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

IN

IN

1ST DEPUTY CLERK

8-11-93

HENDRICKS

(state) were married by me as authorized nty. Indiana, dated 8-11-93

Clerk Circuit Court

County, Indiana, dated _

(official designation)

County

County

ROSEANNA LYNN McBAY

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 8-1/-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 Ves 18-9-93
If No, Medical Examination of Report Dated 8-9-93
Name of Physician M.D.

MALE APPLICANT Name First A Middle Last	FEMALE APPLICANT Name Middle Last
Michael Lee Trebs	amy have James
Date of Birth Month Day 3 Year 7 /	Date of Birth Magth Day 4 Vear 73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. City + County / State 1. 00	Residence Address Street or R.R. City County Phate D. T.
Previous Marital Status: Never Marrie OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) On Tic.	Date of birth verified by: Seth Certificate Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐
Are you related to the female applicant closer than second cousin? No♥ Yes □	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes ☐ Yes ☐
List the full names of any dependent children.	List the full names of any dependent children.
	Stephen Krebs 1 yr.
(a) Full name of applicant's father Navid Lee Trebs	Brittany Ries / mo.
(a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicants father // (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Municipality	Residence of father (if deceased, so state) Monravia In
Birthplace of father (State or foreign country Indiana)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother than Jean Your	(b) Full maiden name of applicant's mother Jane Marie Thatte
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome). M. I WI	immune deficiency syndrome).
gnature of Applicant Date 11-13	Signature of Applicant Company Date 8-11-73
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of	County of HENDRICKS ss: in this application is true and correct.
New Address RR 1308 / 162 MONTOU, A	Signed Charles R R I BON 1102 MODEOUXO
New Address New Address A A Address A A Address A A Address A Addr	Subscribed and sworn to before me this 11th day of Queg. 1993
ornie Jawson Clerk of the HENDRICKS Circuit Court	Come fawson Clerk of the HENDRICKS Circuit Court
DNSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana) ss:
unity of HENDRICKS SS.	County of HENDRICKS SS:
ther ID #	Father ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	
nd filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
ated 8-11-93, authorizing the marriage of	MICHAEL LEE KREBS
AMY MARIE JAMES CINDY SPENCE	I further certify that the following marriage certificate was filed in my office:
late), atDANVILLE	in HENDRICKS County, Indiana,
MICHAEL LEE KREBS of HENDRICKS	County IN (state), and
AMY MARIE JAMES of HENDRICKS Co.	unty IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-11-93
igned by: _/S/ CINDY SPENCE	1ST DEPUTY CLERK (official designation) 8-11-93 (date)
iled and recorded in accordance with the laws of the State of Indiana on	8-11-93 (date).
	Signed Connie Lauson Clerk
	HUNDRICKS CI-

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Name of Physician Female Applicant 50 No A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Divorce 🗌 Annulment Last Marriage Ended By: Yes 🗌 Yes 🗌 Yes 🗆 No 🗌 Yes 🗌 No D Yes 🔲 No Yes 🗌 No Yes No D Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Wade a. 9,000 Jamison day of aug HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County . and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, BETH ANN WOOD . I further certify that the following marriage certificate was filed in my office: (name), certify that on ____AUGUST 28, 1993 LARRY L. BELLVILLE INDIANAPOLIS MARION County, Indiana, WADE TIMOTHY JAMISON HENDRICKS IN _(state), and County BETH ANN WOOD HENDRICKS (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 8-11-93

MINISTER

8-31-93

Signed

(official designation)

HENDRICKS

Clerk

Circuit Court

/s/ LARRY L. BELLVILLE

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File S-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.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Wasson	Name Tennifer Kay Sheets
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3 Barbara Dr. Bburg IN	& Jeangan Dr. Brownsburg IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate Dother (Specify) Dr. Cr.	Date of birth verified by: Birth Certificate (Specify) Dr. L. C.
	Annual Control of the
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No X Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No St. Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Lawrence Roy Wasson	6. (a) Full name of applicant's father Dennis Dean Sheets
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Boung to	Residence of father (if deceased, so state) Indept 10
(b) Full maiden name of applicant's mother (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Lindo Sue SJohnson
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother \(\text{UNOR ONE D VE S J UNISON } \) (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) B burg IN	Residence of mother (if deceased, so state) B'bwg IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) INO
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	
Signature of Applicant Xanul Vas Date 8-12-93	Signature of Applicant
	U
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 4350 Madison Ave. apt 422 Indel	Signed X I New Address
Subscribed and sworn to before me this day of 19 19 46	22 Subscribed and sworn to before me this 12 day of Quay 1993
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID #	Father ID #
Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated 8-12-93, authorizing the marriage of and	I further certify that the following marriage certificate was filed in my office:
I, LARRY L. BELLVILLE	(name), certify that on AUGUST 28, 1993
(date), atBROWNSBURG	in HENDRICKS County, Indiana,
LANCE ROBERT WASSON of HENDRICKS	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ LARRY L. BELLVILLE Filed and recorded in accordance with the laws of the State of Indiana on	
Thea and recorded in accordance with the laws of the state of matana on	8-31-93 (date).
	Signed Consider Francisco
	Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File

No. 415
File 8-18-93

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Christophy First Middle Last	Name Tipa Middle Burnside
Date of Birth Mogth Day Year	
Place of Birth (State or foreign country)	Date of Birth Month Day Year Place of Birth (State or foreign obuntry)
Indiana	Indiana
Residence Address Street or R.R. City County State State Turn Turn Turn Turn Turn Turn Turn Turn	Residence Address Street or R.R. City # E County State The District of R.R. County County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) DV 11 205 10050
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes No Yes	Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Note: Yes: Yes: Yes: Yes: Yes: Yes: Yes: Ye
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Christin, Kasie	5. List the full names of any dependent children. NH
Hughes	
6. (a) Full name of applicant's father Stanley K. Houghes	6. (a) Full name of applicant's father Kenneth A. Creasy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Corolury V
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother COTOLYN + COTOLYN (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN	Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome) Signature of Applicant Date 9/12/83	Signature of Applicant Sulla Sullas de Date 8/12/9
X	Solitation of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS In this application is true and correct.
New Address	Signed WMW & MMM (AP)
Subscribed and sworn to before me this 12th day of August, 1993	Subscribed and sworn to before me this 12th day of August 1993
Circuit Court	CONNE L'AWSOV Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	es and directs the issuance of a marriage license to the above named parties.
BETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
dated 8-12-93, authorizing the marriage of	CHRISTOPHER E HUGHES
andTINA L. BURNSIDE	I further certify that the following marriage certificate was filed in my office:
	in HENDRICKS County, Indiana,
CHRISTOPHER E. HUGHES of HENDRICKS	County IN (state), and
TINA L. BURNSIDE of HENDRICKS Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-12-93
Signed by: /s/ REV. JOHN C. PARSLEY Filed and recorded in accordance with the laws of the State of Indiana on	
and recordance with the taws of the state of matana on	O O
	Signed Coasil Jawson Clerk
	HENDRICKS C: 1 C

Signed by: /s/ CINDY SPENCE

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** No Yes 🗌 No 🗆 / Yes 🗌 No 🗆 Yes 🗌 No d / Yes 🗌 Yes 🗌 Yes 🗌 ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Connie Lawson HENDRICKS 0 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 8-12-93, authorizing the marriage of MICHAEL REECE HOPPER authorizing the marriage of _ DAWN MICHELLE . I further certify that the following marriage certificate was filed in my office: CINDY SPENCE (name), certify that on ____ AUGUST 12, 1993 DANVILLE (date), at DANVILLE
MICHAEL REECE HOPPER HENDRICKS _ County, Indiana,_ HENDRICKS County IN _(state), and _ DAWN MICHELLE KEEBLER HENDRICKS County IN (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 8-12-93

1ST DEPUTY CLERK

8-12-93

_ (official designation)

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 417

File 8-13-93

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 8-13-93

If No, Medical Examination of Report Dated 8-13-93

Name of Physician Strudgen, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Sa First & Middle & Clast	Name Person - First Miller That Land
Date of Birth Month Day Year	Date & Birth Montri Day Year 12
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City States	Residence Additions P Street or R.R. Sittly County State
III freadely Kd Brownshungton.	18 Sycamore St. Hend. Drawnof
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status. Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Super (Specify) Dr. Luc	Date of birth verified by: ABirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father / Sward Lee Theen	a such son Alechant Loo Necker
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Account and adoptive parents only)
Residence of father (if deceased, so state). Claryton, In.	Residence of father (if deceased, so state) avon, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother than your Cholens	(b) Full maiden name of applicant's mother Welawayun Ca
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Braconshurg 4.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACCOUNT PROJECT	
ACKNOWLEDGMENT 1 acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant Signature of Applicant 8-13
Signature of Applicant Date 8/15/73	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Signed 3 Aum in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address	Signed Signed New Address
Subscribed and swown to before me this	Subscribed and swoping before me this 13 day of 14 units
Clerk of the HENDRICKS Circuit Court	Conne Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Clerk	Subscribed and sworn to before me this day or, 19Clerk
COMPLETE IE MARPIACE LICENSE ISSUED BY ORDER OF COURT	A marriage license having hear refused to the sharp
	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 8-13-93, authorizing the marriage of	SCOTT EDWARD KEEN
I ANDREW D. KINSEY	I further certify that the following marriage certificate was filed in my office: (name) certify that on AUGUST 28, 1993
(date), atBROWNSBURG	in HENDRICKS County, Indiana,
SCOTT EDWARD KEEN of HENDRICKS	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ ANDREW D. KINSEY	DACTION COMMY, Manufact, Mariet
Filed and recorded in accordance with the laws of the State of Indiana on	,
	1. 9
THE RESIDENCE OF THE PARTY OF T	Signed Connie Jawson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 418

HENDRICKS

Pile 8-16-93

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 8-16-93

If No, Medical Examination or Report Dated Name of Physician A. Lovell, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Attended American Last	Name Rhirst - Middle in Gettlem
Date of Birth Month 9 Day 12 Year Z	Date of Birth Month Day Year / /
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address / Street or R.R. City A County State	Residence Address / Street or R.R. City Sounty / State . 1
856 6. Marie St. Phentiell in	856 C. Marris Plainfield In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1988	Last Marriage Ended By: Death Divorce Annulment Date 1991
	The state of the s
Date of birth verified by: Birth Certificate Cher (Specify) O1. Lic.	Date of birth verified by: Birth Certificate Other (Specify) W. Zuc
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Y	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes Yes Yes Yes □
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any degendent children. Bochary Wayne aller
any faces dinoneyer / yes	able Klinister allen 4 ins.
(a) Full name of applicant's father a the Albert Linguises	
6. (a) Full name of applicant's father factorism (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Usan New York (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Syracuse In	Residence of father (if deceased, so state) Independent In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) D. Caralina
(b) Full maiden name of applicant's mother Thelms Ruberta Than	(b) Full maiden name of applicant's mother Iva Ineg Fender
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nmune deficiency syndrome). However Bulk Date 16-93	immune deficiency syndrome). Signature of Applicant Shonda M. Allew Date 8-16-93
gradule of Applicant	Signature of Applicant Transa 11 . Cull Date 8-76 73
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swearlaffirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Steven Brue 4	Signed Khonda M. allen
New Address	New Address SAME
Subscribed and sworp to before me this day of Cury, 19 43 HENDRICKS Gircuit Court	Subscribed and sworn to before me this /6 day of Ching 19 93
Clicuit Court	Corruit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
father ID #	Father ID #
lother ID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authoriz	res and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHTS	SE AND MADDIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
lated 8-16-93 authorizing the marriage of	
nd RHONDA MARIE ALLEN	I further certify that the following marriage certificate was filed in my office:
R. FRED RODKEY	(name), certify that on AUGUST 21, 1993
(date), at AVON	_ inHENDRICKS County, Indiana,
STÉVEN BRUCE LINSMEYER of HENDRICKS RHONDA MARIE ALLEN of HENDRICKS Co	County IN (state), and
0 0 0	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ R. FRED RODKEY	
Filed and recorded in accordance with the laws of the State of Indiana on_	, ASSOCIATE PASTOR (official designation) 8-24-93 (date).
of the state of market with the tens of the state of market on	1 C
	Signed Counie Lawson Clerk
以外外,以外,在一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	Signed Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 419

File

8-17-93

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 X Yes I If No, Medical Examination or Report Dated 8-12-93
Name of Physician A. Neeger M.D.

HENDRICKS

_Circuit Court

MALE APPLICANT Name	FEMALE APPLICANT Name AFirst Middle
anthony Charles Mallette	Date of Birth Month Jo Day Garmon
Date of Birth Month 8 22 Year 72	9 Month 9 13 Year 72
Place of Birth (State or foreign country) Part Charlatte Al.	Place of Birth (State or foreign country) Burkeaville Ku
Residence Address Street or R.R. Street or R.R. State	Residence Address (1) Street of R.R. At Polity 37 County 9 States
Previous Marrial Status: Never Married C OR No. of Previous Marriages	Previous Marital Status: Never Married SR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Asign Certificate Other (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	4. Are you now under the influence of a narcotic drug? Nd- Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
D. 0: 0 7/ 004 00 44	Mean a kthowile of
6. (a) Full name of applicant's father Accepts and the second lies adopting pagests a	6. (a) Full name of applicant's father Starter Continued (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Flanida	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Flavilla	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother January Lau Darnes	(b) Full maiden name of applicant's mother Fredhe Lauise Me
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiapapalis
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (If deceased, so state)
	Shapare of motor (case of coogs) county
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrogne).
Signature of Applicant Anthony C Mallett Date 8-17-83	Signature of Applicant and Darmon Date 8-12
V	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information gives ss:
County of HENDRICAS Signed Anthony C. Mallette application is true and correct.	County of HELVARIAN in this application is true and correct in this application is true and correct
New Address SAME	Now Address & AM O
Subscribed and sworn to before me this 17th day of Cua, 19 93	Subscribed and sworn-to before me this 17 day of aug 19 93
Clerk of the HENDRICKS O Circuit Court	Cornie Laws on Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	
THE RESIDENCE AND RESIDENCE AND ADDRESS OF THE PARTY OF T	
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated 8-17-93 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, ANTHONY CHARLES MALLETTE
andANTIA JO GARMON	I further certify that the following marriage certificate was filed in my office
I,ROBERT BRADLEY MILLER	(name), certify that on AUGUST 28, 1993
(date), at PLAINFIELD	_ inHENDRICKS County, Indiana,
ANTTA TO CAPMON . UENDETCKE -	County IN (state), and IN (state) were married by me as outhorized
ANITA JO GARMON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	uniy (state) were married by me as authorized
Signed by: /s/ R. BRADLEY MILLER	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-1-93 (date)
	ρ . φ
	Signed Course O surson Clark

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STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician . To example 1 Physician . To example 1 Physician . To example 2 Physician . To exa

that are sexually transmitted, and a list of the test sizes for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious beliefs. Clien of Court State of Indiana Courty of HENDRICKS Signed Local or the application is true and correct. Michael Courty of HENDRICKS Signed Local or the application is true and correct. Michael Courty of HENDRICKS Signed Local or the application is true and correct. Michael Courty of HENDRICKS Signed Local or the application is true and correct. Michael Courty of HENDRICKS Signed Local or the Application is true and correct. Michael Courty of HENDRICKS Signed Local or the Application is true and correct. Michael Courty of HENDRICKS Signed Local or the Application is true and correct. Michael Courty of HENDRICKS Signed Local or the HENDRICKS County or HENDRICKS Signed Local or the HENDRICKS County or HENDRICKS County or HENDRICKS County or HENDRICKS County Local or the Hend and the consent of the other parent unrecessary State of Indiana COMPLETE IF MARRIAGE LICENSE Size D BY ORDER OF COURT. A marriage license having been refused to the above name	MALE APPLICANT	FEMALE APPLICANT
Figure 4 tim (time or laway country) Figure 4 time (time or laway country) Figure 5 time (time or laway country)	Name Kelling Kark Hugunen	Name Cherist Diane Lasthise
The action of the law was proved. The state of the control of the state of the control of the c	Date of Birth Month 2 Day 13 Year 68	Date of Birth Month Day 26 Year 68
Present Market Data Data No. 1994 Constitution		Place of Birth (State or foreign country) Danwelle In
Les tire coup closed for Service S	Residence Address Street or R.R. 7 g City PC County & State	Residence Address Street or R.R. City / County State
Les Normes de la Contre Cont	Previous Marrial Status: Never Marriago OR No. of Previous Marriages	Previous Marital Status: Never Married AOB No. of Previous Marriages
The street with the law place are been elicitaged to be of uncoded strict. 1. And you can or these price were been elicitaged to be of uncoded strict. 2. And you can or the shall are on a stricture been removal? 3. And you can under the stiffence of an stricture been removal? 4. And you can under the stiffence of an stricture been removal? 5. Lies as to result of an advantaged of an stricture been removal? 6. Lies as to result of any disconsistance of an stricture been removal? 6. Lies as to result of any disconsistance or stricture been removal? 6. Lies as to result of any disconsistance or stricture of an advantaged of any disconsistance or stricture. 6. Lies as to result of any disconsistance or stricture of an advantaged of any disconsistance or stricture. 6. Lies as to result of any disconsistance or stricture. 6. Lies as to result of any disconsistance or stricture. 6. Lies as to result of any disconsistance or stricture. 6. Lies as to result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any disconsistance or stricture. 6. Lies as the result of any d		
1. Any your own or have you can't be those applicable to be of uncound minor? No. Yes 2. Any you will work to be those applicated one memoral of the property of the p	- A D:	- V RO
If amove is "yes", has the adjustation have removed? Are you visual to the finding cold and second to be second or wide and the finding of an appeal of the property of the p	Date of Diffit Verified by. Sprin Certificate Capacity NA. ACC.	Jane of outri verified by.
If aware is "net," has the algorization been secured count? Any our own under the influence of an extendic transaction? Any our own under the influence of an extendic transaction? Any our own under the influence of an extendic transaction? But but in any or any under the influence of an extendic transaction? But but in any or any under the influence of an extendic transaction? But in any or any under the influence of an extendic transaction? But in any or any under the influence of an extendic transaction? But in any or any under the influence of an extendic transaction? But in any or any under the influence of an extendic transaction? But in any or an under the influence of an extendic transaction? But in any or an under the influence of an extendic transaction? But in an extending a transaction of the influence of an extending and any opening array. But in an extending a transaction of the influence of an extending and any opening array. But in an extending a transaction of the influence of an extending and any opening array. But in an extending a transaction of an extending and any opening and any opening array. But in an extending a transaction of an extending and an extending an extending and an extending and an extending and an extending an	1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
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County of HENDRICKS Signed Leaf Indiana County of HENDRICKS Signed Leaf Indiana Subscribed and sown to before me this day of Leaf Indiana County of HENDRICKS Signed Leaf Indiana County of HENDRICKS County of HENDRICKS Signed Leaf Indiana County of HENDRICKS County of HENDRICKS County of HENDRICKS Signed Leaf Indiana County of HENDRICKS County Indiana, Indiana County Indiana, Indiana County Indiana, Indiana Cherryl DIANE WISE of HENDRICKS County Indiana (Steale) were marriage certificate was filed in my office. In HENDRICKS County, Indiana, Indiana County In	Jan	Signature of Applicant
State of Indiana County of HENDRICKS Supposed Address Supposed Supposed Address Supposed Ad	The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
State of Indiana Signed New Address Signed New		
County of HENDRICKS Signed Leaf Hendricks S	Cierk of Court Date	Clerk of Court Date
Signed A E	, and the mornal grant	
Subscribed and sworn to before me this	1 In this application is true and correct.	county of the same and correct.
Subscribed and sworn to before me this Cierc of the Cierc		Signed
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of		174 (1)
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:	Clerk of the HENDRICKS O Circuit Court	Connie dawson Clerk of the HENDRICKS Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENT OR GUARDIAN
State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of		We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
County of HENDRICKS Father	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
County of HENDRICKS Father	State of Indiana	State of Indiana
Mother	HENDRICKS SS:	HENDRICKS SS:
Subscribed and sworn to before me this	Father ID #	Father ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County		
County		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-93 , authorizing the marriage of KELLY RAY HUGUNIN and CHERYL DIANE WISE I, The certify that the following marriage certificate was filed in my office. I further certify that on SEPTEMBER 4, 1993 (date), at PLAINFIELD in HENDRICKS County IN (state), and CHERYL DIANE WISE of HENDRICKS County IN (state) were married by me as authorized.	DETUDN OF MADDIAGE LIGHT	SE AND MARRIAGE CERTIFICATE
dated 8-17-93 authorizing the marriage of KELLY RAY HUGUNIN and CHERYL DIANE WISE I, REV. JAMES R. HARLAN (date), at PLAINFIELD (name), certify that on SEPTEMBER 4, 1993 KELLY RAY HUGUNIN of HENDRICKS County IN (state), and CHERYL DIANE WISE of HENDRICKS County IN (state) were married by me as authorized.		
and CHERYL DIANE WISE I, REV. JAMES R. HARLAN (date), at PLAINFIELD KELLY RAY HUGUNIN CHERYL DIANE WISE Of HENDRICKS I further certify that the following marriage certificate was filed in my office. (name), certify that on SEPTEMBER 4, 1993 (name), certify that on SEPTEMBER 4, 1993 County, Indiana, (state), and CHERYL DIANE WISE Of HENDRICKS County IN (state) were married by me as authorized.	dated 8-17-93 authorizing the marriage of	KELLY RAY HUGUNIN
(date), at PLAINFIELD in HENDRICKS County, Indiana, KELLY RAY HUGUNIN of HENDRICKS County IN (state), and CHERYL DIANE WISE of HENDRICKS County IN (state) were married by me as authorized	andCHERYL DIANE WISE	I further certify that the following marriage certificate was filed in my office:
KELLY RAY HUGUNIN of HENDRICKS County IN (state), and	DI ATMETEL D	HENDDIOVE
CHERYL DIANE WISE of HENDRICKS County IN (state) were married by me as authorized	VELLY DAY HIGHNIN HENDRICKS	_ m County, mataria,
	CHERYL DIANE WISE of HENDRICKS Co.	ounty (state) were married by me as authorized
Tames of the state of the circuit court of the circ	under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-17-93
Signed by: /s/ REV. JAMES R. HARLAN , MINISTER (official designation)		
Filed and recorded in accordance with the laws of the State of Indiana on 9-9-93 (date).	Thea and recorded in accordance with the laws of the State of Indiana on	(aate).
Signed Connie Lawson Clerk		Signed Connectary
BOYCE FORMS - SYSTEMS 1-800-382-4702 1477 Circuit Court		- Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT Name	FEMALE APPLICANT Name First (Middle , , Last
S. W. Jones	Date of Birth Day Vear Vear
Date of Birth Month 2 Day 6 Year 64	5 28 72 0
Place of Birth (State or foreign country) Nablesaelle In.	Place of Birth (State or foreign country) Indeanapalis .
260 W Main St Brawnshung.	Residence Address Street or R.R. Street or R.R. State State State Street or R.R.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date / 986	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) DA Line	Date of birth verified by: Birth Certificate Sother (Specify)
Milwo	- Million
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	Are you related to the male applicant closer than second cousin? Note Yes 3. Are you now under the influence of an alcoholic beverage? Note Yes
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes No Yes No	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
Kandy allen Jones 1/40.	
6. (a) Full name of applicant's father Slurge Rugene Janes	6. (a) Full name of applicant's father Sene Canald Lasso
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Thamsburg
(b) Full maiden name of applicant's mother Marietta Rose Hoods	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date	Signature of Applicant Jennifes III - NOSKUY Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed SAME	Signed Standing III. ABRUY
Subscribed and sworn to before me this 20 day of Quy. 19 93	Subscribed and sworn to before me this 194 day of Que 1993
Cornie Lawson Clerk of the HENDRICKS Circuit Court	Cornie James Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother 1D # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
TENNITED MADIE VOCKEV authorizing the marriage of	G. W. JONES I further certify that the following marriage certificate was filed in my office:
I,ANDREA HUGHES LEININGER	(name), certify that on SEPTEMBER 11, 1993
(date), at BROWNSBURG	in HENDRICKS County, Indiana,
TENNITEED MADIE VOCKEY	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-20-93
Signed by: /s/ ANDREA HUGHES LEININGER	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-27-94 (date).
	Signed Connie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 8-18-93 Date of Application Female Applicant 50 No Yes If No, Medical Examination or Report Dated 8-11-93

Name of Physician

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

MALE APPLICANT	FEMALE APPLICANT
Name Christopher allen fist	Name Prist Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year Du
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana Balis In	Indianapalis, In
Residence Address Street or R.R. City County State State	Residence Address Street or R.R. City Gourny State
Previous Marital Status: Never Married OR No. of Previous Marriages	1600 Drentwood Trungelli
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
- AM. AM.	and of the state o
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☑ / Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father	Political +
(If adopted, list adoptive parents only) Park Lee Runn	6. (a) Full name of applicant's father Mulsi Rugene Smit
Residence of father (if deceased, so state) Braunshur-	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Rose Lee Barnes	(b) Full maiden name of applicant's mother and Musas of Se
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) 13 moleculary In	Residence of mother (if deceased, so state) Place Leld Via
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
THE TRANSPORT OF THE PARTY OF T	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the flest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Pate 8 8 9 3	immune deficiency syndrome).
Date To (3)	Signature of Applicant Signature Signat
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
A CONTRACTOR OF THE PROPERTY O	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Chus V. Organ	Signed Inglat Smith
New Address 8173 POCTS ide De Indp 15, IN 4623	New Address 8175 Ports we pr Indpls
Subscribed and sworn to before me this	Subscribed and sworn to before me this 8 day occupy 51, 19 93
Clerk of theCircuit Court	Clerk of theCircuit Court
CONSENT OF DADENTS, DADENT OR CHARDIAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve. the parents of this applicant boreby give consent to this applicant.	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
and sometimes of the carter parent differencessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of	County of HENDRICKS ss:
atherID #	Father ID #
lother ID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
nd ANGELA KAY SMITH , authorizing the marriage of	CHRISTOPHER ALLEN RYAN
PHILIP J. GABRILL	I further certify that the following marriage certificate was filed in my office: [name]. certify that on AUGUST 28, 1993
date), at BROWNSBURG	HENDBIRVE
CHRISTOPHER ALIEN DVAN - UENDRICKE	TN County, Indiana,
ANCELA KAY CMITTH JENDRICKS	Thi (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: _/s/ PHILIP J. GABRILL	DACTION
filed and recorded in accordance with the laws of the State of Indiana on	(official designation) 8-31-93 (date).
	(uille).
	ind Commentary
	igned ALWSON Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

CATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

8-18-93

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 V Yes 78-17-93
If No, Medical Examination or Report Dated 8-17-93
Name of Physician CH Tripples M.D.

MALE APPLICANT	FEMALE APPLICANT
Name N First Priddle Last	Name First Middle O Lag
Date of Birth Month, Day Year 73	Date of Birth Month Wear - 4
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indianapalis In.	Indianapales In.
Residence Address Speet or Rife. City County State State of State	Residence Address Street or R.R. City Lounty Plainted
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Sirth Certificate	Date of birth verified by: Decity Certificate Other (Specify)
	TO MAKE THE WALL BELLEVILLE TO THE WALL BY
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No / Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ceral Meine Herry	6. (a) Full name of applicant's father Seffery Xarden Tete
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) In Manapalis In.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (Carata Naye (1970)) (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Applicant's mother
Residence of mother (if deceased, so state) Indunipalis.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	THE PARTY OF THE P
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant Lamera K. Puter Date 8-18-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs,	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed 3364 Watalage to R.S. Tonk IN 46224	Signed Kimura K. Vitura
Subscribed and sworn to before me this 18 th day of aug 19 93	New Address 3364 Watergate Rd. Indpls. IN 4622 Subscribed and sworn as before me this 18th day of aug. 1993
Tanie Laws Clerk of the HENDRICKS Circuit Court	Cornie facus Clerk of the HENDRICKS Circuit Cour
0)	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE HENDRICKS County In History
I certify that there was filed in my office a marriage license issued by the Cladated 8-18-93, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, NATHAN JERALD PERRY
and TAMERA KAY PETERS	. I further certify that the following marriage certificate was filed in my office.
	(name), certify that onAUGUST 21, 1993
(date), atAVON	_ in HENDRICKS County, Indiana,
NATHAN JERALD PERRY of HENDRICKS	County IN(state), and
TAMERA KAY PETERS of HENDRICKS Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/5/ R. FRED RODKEY	HENDRICKS County, Indiana, dated 8-18-93
Filed and recorded in accordance with the laws of the State of Indiana on	, ASSOCIATE PASTOR (official designation)
There and recorded in accordance with the laws of the state of maiana on	8-24-93 (date).
	Signed Cornie Lawson Clark
	Signed Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File S-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 V Yes I If No, Medical Examination or Report Dated 8-6-93

Name of Physician Karas gahas and

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Figst Middle 1 1981	Name First Middle Last
Geneth S. Walls	Buda J. Marie
Date of Birth Month Day Year	Date of Birth Day Year 7 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
THE BOX 292 W Pellsboso Alka In.	105 Dorena Ct. Brownshang Dend Sk.
Previous Marrital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) Abulia And
- Written Sychol	Buens
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Ng Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Ves Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children
s to sill some of applicants to the Auto 10,	6. (a) Full name of applicant's father During Waine Marie
6. (a) Full name of applicant's father Therefore (a) (It adopted list adoptive parents only)	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Same as about	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sundia S. Ingle	(b) Full maiden name of applicant's mother Frances for wood
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sane as above	Residence of mother (if deceased, so state) and - Same as a
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant	immune deficiency syndrome). Signature of Applicant Sunda Marie Date 8-19-9.
Signature of Applicant Date Date	Signature of Applicant V Date 5 79 75
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information given
County of HENDRICKS ss:	State of Indiana State of Indiana I swear/affirm that the information given ss: in this application is true and correct.
Signed Lemmeth a Walks	Signed & Standar J. Mario
New Address X RRJ BOX 44 A COACHDALE, IN	New Address V LR 2 BOX 444 A Roalhdale In
Subscribed and sworn to before me this day of AUG , 19 93	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Coase Janson Clerk of the HENDRICKS' Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated 9-19-93, authorizing the marriage of	
and, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, REV. JAMES D. CLAYTON	(name), certify that on SEPTEMBER 18, 1993
(date), at PITTSBORO	in HENDRICKS County, Indiana,
	County IN(state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	DICHOD
Signed by: /s/ REV. JAMES D. CLAYTON	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-24-93 (date).
	Signed Cornie Karasan Clark

Circuit Court

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

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

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

B-20-93

Date of Application

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

No.

Yes

8-19-93

If No, Medical Examination or Report Dated
Name of Physician

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

MALE APPLICANT **FEMALE APPLICANT** Never Married Never Married OR No. of Previous Marriage No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes 🗌 'yes," has the adjudication been removed? No 🗌 No Yes No D Yes 🗌 No Yes No D Yes 🗌 No Yes No 🔽 Yes 🗌 Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana becence Subscribed and sworn to before me this 20th day of the his N Brownsburg IN46/12 day of Queg . 19 93 HENDRICKS HENDRICKS 6 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 8-20-93

Authorizing the marriage of TERENCE LEN MULDER authorizing the marriage of _ DAWN MARIE PUCCINELLI . I further certify that the following marriage certificate was filed in my office:

8-21-93 DAVID WOHLENHAUS _ (name), certify that on _ HENDRICKS (date), at BROWNSBURG
TERENCE LEN MULDER BROWNSBURG County, Indiana, IN HENDRICKS County _(state), and DAWN MARIE PUCCINELLI HENDRICKS County. HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ DAVID WOHLENHAUS MINISTER (official designation) 8-23-93 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 426

HENDRICKS County File 8-20-93

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First A Middle Last	Name First Middle / Mast)
Date of Birth Month Lugene Teel	Date of Birth Month Day Keed
6 29 71	8 4 73
Place of Birth (State or foreign country) Danaille In.	Place of Birth (State or foreign country) Danvelle In.
Residence Address Street or R.R. City County State	Residence Address Street or R.R., City County 2nd State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Super (Specify) Wn. Lic.	Date of birth verified by: Alighth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ 5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
(Children-see ->)	andrew Scatt Reed 2 yrs.
41. + P. P. 1	Jacob Nathaniel Reed 5 ms.
6. (a) Full name of applicant's father Kenneth Kee Keed	6. (a) Full name of applicant's father James Lerry Burnett
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Altanapalis A.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mary Ruth William	(b) Full maiden name of applicant's mother Sandin Kay to Cha
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) & Cliff Taint, Sn. Birthplace of mother (State or foreign country) Sndiana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Lonal Red Date 0.05203	immune deficiency syndrome) Signature of Applicant Michelle Reed Date 8/20/9
Date Cary	Signature of Applicant from the first and from the signature of Applicant from the signature o
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Hanald Keld	Signed Michelle Keed
New Address Same Subscribed and sworr, to-before me this 20 th day of Aug 1993	New Address SHW) 9 Subscribed and sworn to before me this 20th day of Quag 1993
Onic Jawan Clerk of the HENDRICKS Circuit Court	Cornie Acus Clerk of the HENDRICKS Circuit Court
	*
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
, authorize	of and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
lated 8-20-93 , authorizing the marriage of	DONALD EUGENE REED
GREGORY LEE RATLIFF	I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 21, 1993
(date), atNEW WINCHESTER	in HENDRICKS County, Indiana,
DONALD EUGENE REED of HENDRICKS	County IN (state) and
	unty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /5/ GREGORY L. RATLIFF	MINICHED
Signed by:/S/ GREGORY L. RATLIFF Filed and recorded in accordance with the laws of the State of Indiana on	—, ———————————————————————————————————
recorded in decordance with the taws of the state of matana on	6-21-93 (date).
	Signed Cornie Lawson Clerk
	Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

Name	No Yes No
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now under the influence of an alcoholic beerrage? Are you now under the influence of an alcoholic beerrage? Are you now under the influence of an alcoholic beerrage? List the full names of any dependent children. (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birrhplace of father (State or foreign country) Residence of mother (if deceased, so state) Birrhplace of mother (if deceased, so state)	No Yes No
State County Cou	No Yes No
State County Co	No Yes No
Are you now or have you ever been adjudged to be of unsound mind? No Yes Birth Certificate Coher (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Birth Certificate Coher (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Birth Certificate Coher (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Birth Certificate Coher (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Birth Certificate Coher (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Birth Certificate Coher (Specify) Are you now under the influence of an alcoholic beverage? No Yes Birth Certificate Coher (Specify) Are you now under the influence of an alcoholic beverage? No Yes Birth Certificate Coher (Specify) Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoho	No Yes No
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now der the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children. Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children. Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? A region of applicant's father Are you now under the influence of an alcoholic beverage? A region of applicant's father Are you now under the influence of an alcoholic beverage? A region of applicant's father Are you now under the influence of an alcoholic beverage? A region of applicant's father Are you now under the influence of an alcoholic beverage? A region of applicant's father Are you now under the influence of an alcoholic beverage? A region of applicant's father Are you now under the influence of an alcoholic beverage? A region of any dependent children. Are you now under the influence of an alcoholic beverage? A region of any dependent children. Are you now under the influence of an alcoholic beverage? A region of any dependent children. Are you now under the influence of an alcoholic beverage? A region of any dependent children. Are you now under the influence of an alcoholic beverage? A region of any dependent children. Are you now under the influence of an alcoholic beverage? A region of any dependent children. Are you now under the influence of an alcoholic beverage? A region of any dependent children. Are you now under the influence of an alcoholic beverag	No Yes No
Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date 9 9 2 Last Marriage Ended By: Death Divorce Annulment Date Divorce Date Date Divorce Date	No Yes No
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Signature of Applicant Unit H. V Hard Date 8-20-93 Signature of Applicant Harling & World	Date 8/20/
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The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature.	r signature to the abo
acknowledgment because of religious beliefs. acknowledgment because of religious beliefs.	
Clerk of Court Date Clerk of Court	Date
State of Indiana) I swear/affirm that the information given State of Indiana) I swear/affirm that the information given	irm that the information give
HENDRICKS SS: \ HENDRICKS SS: \	pplication is true and corre
Signed Unit A. Hard	
New Address 1255 Lucille CF, Plaintield, IN 46/68 New Address Same	0-
Subscribed and, sworm to before me this 20th day of Aug 19 93 Subscribed and, sworm to before me this 20th day of Aug 19 93 Subscribed and, sworm to before me this 20th day of Aug 19 93	
Chine Tains Clerk of the HENDRICKS Circuit Court Conne Jains Clerk of the HENDRICKS C	Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN	STATE HOUSE AND
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage.	If only one parent sid
state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary	ii only one parent sig
State of Indiana) State of Indiana)	A Physical Street
County of	
Father ID # Father ID #	
Mother ID # Mother ID #	
Subscribed and sworn to before me thisday of 19 Subscribed and sworn to before me this day of	, 19
Clerk	CI
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above	named nation t
County Court, by written order issued	named parties, ti
and filed in, authorizes and directs the issuance of a marriage license to the ab	ove named partie
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS	County, Indiana
dated 8-20-93, authorizing the marriage of CLINT ALLEN HARDIN	
and PHYLLIS JEAN DODD In Interpreted that the following marriage certificate we see JOANNE K. SCHOETTLE (name) certify that on SEPTEMBER 3.	as filed in my offic
TAME CHOUN	
CI THE ALLEN HADDIN ALLEN IN THE	
County	
PHYLLIS JEAN DODD of HENDRICKS County IN (state) were married by under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated	y me as authorize 9-3-93
Signed by:/s/ JOANNA K. SCHOETTLECLERK TREASURER(official designation)	West Williams and the second
Filed and recorded in accordance with the laws of the State of Indiana on 9-10-93 (date).	THE RESERVE OF THE RESERVE OF THE PERSON NAMED IN
(auto).	
Signed Course of a comment	
Signed Signed HENDRICKS	Cle

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

HENDRICKS

County

File

8-20-93

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.

MALE APPLICANT	FEMALE APPLICANT	
Name Scatt Dauglas Mc Grew	Name Heather Leanne Halifield	
Date of Birth Month 4 Place of Birth (State or foreign country)	Date of Birth Month Day 2 2 1/1 Place of Birth (State or foreign country)	
Residence Address Street or PfR. City County State O County Cou	Fesidence Address Street of R.R. City County Of State 1	
933 Carllefury Dr. Crystal Fake, II. Previous Marriad Status: Never Married D. OR No. of Previous Marriages	Previous Marital Status: Never Married DGR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Other (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Other (Specify) Dr. Lie	
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓ Yes No ✓ Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No√☐ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes N	
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	
	S. Est the foll market of any dependent criticals.	
6. (a) Full name of applicant's father R. Dauglas mc Shew	6. (a) Full name of applicant's father Jerry Rey Low Halifield	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) All Classes (If adopted, list adoptive parents only)	(If adopted, list adoptive parents/only) Residence of father (if deceased, so state) Placefield, In	
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother than anable	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sharnarn Smith	
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Crustal Lake, II.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country) New Yark.	Birthplace of mother (State or foreign country) Oanlas	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant Call McDull Date 3/20/93	Signature of Applicant Louis Louisius Date Quy 30, 93	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date	
State of Indiana) I swear/affirm that the information given Country of HENDRICKS ss: in this confliction is two and account.	State of Indiana) I swear/affirm that the information given	
County of HENDRICAS in this application is true and correct. Signed Scall Medical County of the Cou	County of HENDRICKS, Signed Heather Holifield in this application is true and correct.	
New Address Subscribed and sworp to before me this 20 4 day of Quy 1993	New Address Subscribed and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to before me this 20 day of and sworn to be s	
Clerk of the HENDRICKS Circuit Court	Corne Jawan Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana) County of HENDRICKS ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)	
Father ID #	County of	
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of , 19	
Clerk	Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
dated 8-20-93, authorizing the marriage of	SCOTT DOUGLAS McGREW	
I, DAVID ANDREW RUPERT	I further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 4, 1993 MARION	
SCOTT DOUGLAS McGREW of MCHENRY	CountyIL(state), and	
under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized	
Signed by: /s/ REV. DAVID A. RUPERT Filed and recorded in accordance with the laws of the State of Indiana on	, MINISTER (official designation) 9-9-93 (date).	
	Can in L	
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Circuit Court	

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE APPLICANT	FEMALE APPLICANT
Name Revision Middle Selliatt	Name First Modele Tast
Date of Birth Month / Day Year	Date of Birth Day Year 14
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Minneapales, VMn	Indianapalis, In.
desidence Address Street or R. R. Sty County State	Residence address Stude of R.R. City County Link State of State of R.R. City County Link State of R.R. Charles
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
V 100.	
ast Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 19 70
ate of birth verified by: Birth Certificate State (Specify) D. T.C.	Date of birth verified by: Birth Certificate Ather (Specify) Dr. Lic
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No / Yes	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No ☑ Yes ☐ List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Thomas Clancy Elliatt	6. (a) Full name of applicant's father Robert Nale Roeset
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) The Ulgas, The	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country), Many	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother well with a state of the st	(b) Full maiden name of applicant's mother mother make make make make make make make make
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Newska	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the about acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Subscribed and sworn to before me this 23 day of 8 19 93 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Address New Address Subscribed and sworn to before me this 270 day of Aug., 19 93 HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Security of HENDRICKS ss:	State of Indiana) State of HENDRICKS ss:
ounty or	County or
ather ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
and med in	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana
dated 8-27-93, authorizing the marriage of	KEVIN MICHAEL ELLIOTT
nd CAROLYN IRENE HEWITT JOHN CALDWELL	I further certify that the following marriage certificate was filed in my office
date), atINDIANAPOLIS	in MARION AUGUST 28, 1993 County, Indiana.
WELLIN MICHAEL ELLIONE HENDRICKS	in MARION County, Indiana, County IN (state), and
CAROLVN TRENE HEWITTE HENDRICKS	unty IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-28-93
Signed by: /s/ JOHN CALDWELL	,
Filed and recorded in accordance with the laws of the State of Indiana on	8-31-93 (date).
	Signed Cornie Lawson Cler
가 있다. B. P.	HENDRICKS Cinnaia Co

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

CATION FOR MARRIAGE LICENSE

No. 430

HENDRICKS

County

File

8-23-93

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 X Yes Semination of Report Dated 8-23-93
Name of Physician C. W. allen H.D.

HENDRICKS

_Circuit Court

ne Damell May Blain	FEMALE APPLICANT
	Name Melist Middle Mass
e of Birth Month Day Year 7	Date of Birth Morth Day Year 7
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. City County State /	Residence Address Street P.R. City County State
5911 E 150N Stratelle In.	4873 6. Rd 150 N Donaille
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1992
- 1 ~ 0	1 ~ .0
e of birth verified by: Birth Certificate Bother (Specify) O1. 21c.	Date of birth verified by: Birth Certificate Steer (Specify) J. Lie.
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗌
List the full names of any dependent children.	5. List the full names of agy dependent children.
	man ofth repur 4 yrs
(a) Full name of applicant's father David Rugene Blair	6. (a) Full name of applicant's father Name Russe Ba
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Poskvelle, In	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother August Sull Ducker	(b) Full maiden name of applicant's mother flame / Clim / My
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
tt are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nune deficiency syndromey.	immune deficiency syndrome)
nature of Applicant Canada Date 8 33-73	Signature of Applicant The Signature of Applicant Date 8-23-9.
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
te of Indiana I swear/affirm that the information given in this application is true and correct in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS SS: in this confliction in two and county.
unity of HENDACES in this application is true and correct.	County of HENDRICKS in this application is true and correct. Signed Melison A Spring
New Address SAM	New Address 5911 E Rd 150N DAnville also
escribed and sworn to before me this	Subscribed and sworn to before me this 23 day of aug , 19 93
onil Cause Clerk of the HENDRICKS Circuit Court	Cornie Jawson Clerk of the HENDRICKS Circuit Court
INSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENT OR CUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ite of Indiana)	State of Indiana) HENDRICKS SS:
HENDRICKS SS:	County of HENDRICKS ss:
unty of HENDRICKS	
her ID #	Father ID #
her ID #	
her	Father ID #
ther	Father ID # Mother ID # Subscribed and sworn to before me this day of, 19 Clerk
ther ID #	Father
ther ID #	Father
ther	Father
certify that there was filed in my office a marriage license issued by the Clated 8-23-93 , authorizing the marriage of MELISSA ANN SPURR L. LANG BROWNLEE DARRELL RAY BLAIR Of HENDRICKS	Father
certify that there was filed in my office a marriage license issued by the Clark The MELISSA ANN SPURR DARRELL RAY BLAIR DARRELL RAY BLAIR The Marriage ID #	Father
ther	Father
certify that there was filed in my office a marriage license issued by the Clark The MELISSA ANN SPURR DARRELL RAY BLAIR DARRELL RAY BLAIR The Marriage ID #	Father

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated
Name of Physician 70.

MALE APPLICANT	FEMALE APPLICANT
Name Calven Hoodrow Klass	Name Starry Middle Fler le
Date of Birth Month Day Year 6.5	Date of Birth Month 9 Day 15 Year 7/
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Str	Residence Address Street or ground City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Scubar (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Mi. Oke.	1 11.012.
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	0+16
6. (a) Full name of applicant's father work of the	6. (a) Full name of applicant's father taluek thursed to
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Thank Taye (lif adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Braunshurg, J
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the yirus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant (Alum W House) Date 8-23-93	Signature of Applicant State 5:334
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICAS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address San O	New Address AMO 3
Subscribed and sworn to before me this 33 day of 4 day of HENDRICKS Gircuit Court	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Charles of Latina	
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated 8-23-93 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, CALVIN WOODROW HOWARD
andSTACY SUE PIERLE	I further certify that the following marriage certificate was filed in my office:
I, KEVIN W. HINES	(name), certify that on SEPTEMBER 4, 1993
CALVIN MOODDON HOWARD	in HENDRICKS County, Indiana, County IN (state), and
STACY SUE PIERLE of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ KEVIN W. HINES	MINITORIN
Filed and recorded in accordance with the laws of the State of Indiana on	_ , (official designation)
	0 9.
	Signed HENDRICKS Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

HENDRICKS

County

File

8-23-93

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 Select 8-19-93
If No, Medical Examination or Report Dated 8-19-93
Name of Physician 2. Elect, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Duane Kay Summerlat	Name Kathy Lipan Musgraal
Date of Birth Month 4 Day 8 Year 63	Date of Birth Month Day Sear Sear Sear Day Sear Sear Sear Day Sear S
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Odress Street or R.R. City County # State
THE DAY TON CHARLES	16 K My 721 Commontes
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 99/	Last Marriage Ended By: Death Divorce Annulment Date 1990
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No ✓ Yes ✓	3. Are you now under the influence of an alcoholic beverage?
. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
	Jeffery Dale Good pastr 15 yra
FII D II	Deruck aller Joseposh 13 cms.
(a) Full name of applicant's father Alles Paymond Allemment	26. (a) Full name of applicant's father Milliam William Villawall Ille
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) **The state of father (if deceased, so state) **The state of father (if deceased, so state) **The state of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother Junice Leonard	(b) Full maiden name of applicant's mother Minnie Marie To
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
mmune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Duone Sumper lot Date 8-23-93	Signature of Applicant Xathy Musquare Date 8-23-2
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss: County of HENDRICKS ss: in this application is true and correct	State of Indiana) I swear/affirm that the information given SS: in this confliction is true and correct.
Signed Dune Summer for in this application is true and correct.	County of HENDRICKS in this application is true and correct. Signed Kally Museuare
New Address Spine	New Address SAME
pubscribed and sworn to before me this	supscribed and sworn to before me this day of day of HENDRICKS
Clerk of the RENDRICAS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss:
ather ID #	Father ID #
fother ID # subscribed and sworn to before me thisday of 19	MotherID #
obscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
	在1270年 1270年 12
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issuedcountries to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Classed 48-23-93	
VAMILY TVNN MUCCDAVE	DUANE RAY SUMMERLOT I further certify that the following marriage certificate was filed in my office:
CINDY SPENCE	(name), certify that on AUGUST 23, 1993
date), atDANVILLE	_ in HENDRICKS County, Indiana,
DUANE RAY SUMMERLOT of HENDRICKS KATHY LYNN MUSGRAVE of HENDRICKS Co	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by me as authorized
ligned by:/s/ CINDY SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	8-23-93 (date).
	ρ
	Signed Connie dawson Clerk
OYCE FORMS + SYSTEMS 1-800-382-4702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 433

File 8-23-93

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 8-23-93
If No, Medical Examination or Report Dated 8-23-93
Name of Physician Attack H.D.

MALE APPLICANT	FEMALE APPLICANT
Name Henden See Gentin	Name Diagram (Middle Cast 1)
Date of Birth Month Day 2 4 Year 5 4	Date of Birth Months Day 29 Year 64
Place of Birth (State or foreign country) Bee of House	Place of Birth (State or foreign country) Blech Hymne
Residence Address Street or R.P. City Gunty State	Residence Address O Street or R.R. Sity D County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Suther (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Date of first verified by. Smith Certificate Paries (specify) NA. & V.	Saint of Mills Continued of Continued on the Continued of Continued of Continued on the Continued of Continued on the Continu
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes
If answer is "yes," has the adjudication been removed? No / Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
0:.0	0 0
6. (a) Full name of applicant's father Ruland Lee Austin	6. (a) Full name of applicant's father Raymond Leray Seyf
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Clayton, Jn.	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Allanda May (Rose	(b) Full maiden name of applicant's mother Place year Joseph
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Security of the control o
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Classes Gate Catter Date	Signature of Applicant Lana Caudell Date 8-23-7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ss: Lswear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss:
County of his application is true and correct.	County of Signed Clana G. Caudall in this application is true and correct.
Subscribed and sworn to before me this 2311 day of aug 19 93	New Address Sand day of Aug 1993
Clerk of the HENDRICKS Circuit Court	Consider a consideration of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONCENT OF PUREATE PUREATE OF CHARRIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-23-93, authorizing the marriage of	GLENDYN LEE AUSTIN
I, CINDY SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 23, 1993
(date), at DANVILLE GLENDYN LEE AUSTIN of HENDRICKS	in HENDRICKS County, Indiana,
DIANA TEAN CAUDITY	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-23-93
Signed by: /s/ CINDY SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	
The same recorded in accordance with the taws of the state of matana on	1 · · · ·
	Signed Conne dawson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

County

File

8-23-93

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 Seport Dated 8-23-93
Name of Physician H. Alirling, Min.

MALE APPLICANT	FEMALE APPLICANT
Name Lester asherry Fowler	Name Beth an levans
Date of Birth Month 4 22 1 Year 6 8	Date of Birth Month 5 Day 7 Year 78
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address A Street or B.R. City Sounty State	Residence Address Street or R.R. City County State
550 (charly the & Munsking)	530 many ave 8 knimsaug
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ORMS. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1989	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Da. Tie	Date of birth verified by: Birth Certificate Stepe (Specify)
The second secon	
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? Nov Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes No Yes The second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes □ Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
Christopher Michael Foraler 640.	
6. (a) Full name of applicant's father asherry Carmen Aswler	6 (a) Full name of amplicant's father Lance Lee Man
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Asuel XIII (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indunepalis, the	Residence of father (if deceased, so state) Manusaelle, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother ducy charles the Draw	(b) Full maiden name of applicant's mother Plattice fune Many
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Multinsvelle
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). By the 1 Elas C 8/22/1/2
Signature of Applicant Date Date	Signature of Applicant Date 0/43/95
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: / in this application is true and correct.
Signed Late Allina	Signed Blth A. EV a.R.
New Address Advantage of Aug 19 93	New Address Subscribed and sworn properore me this 234 day of aug 1993
Corne Javan Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) State of Indiana) SS:
County of HENDRICKS	County of MENDICKS
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY OPDER OF COURT /	A marriage license having been refused to the above named parties, the
County	
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 9-23-93, authorizing the marriage of	LESTER ASBERRY FOWLER
andBETH ANN EVANS	I further certify that the following marriage certificate was filed in my office:
I, REV. MICHAEL J. LINVILLE (date), at MOORESVILLE	in MORGAN SEPTEMBER 25, 1993 County Indiana
THE STATE OF THE S	_ inMORGAN County, Indiana, CountyIN (state), and
BETH ANN EVANS of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-23-93
Signed by: /s/ REV. MICHAEL J. LINVILLE	, ORDAINED ELDER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-28-93 (date).
	Signed Connie of any
(S) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	Signed Conne Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 8-24-93

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 78-3-93
If No, Medical Examination of Report Dated 8-3-93
Name of Physician 7. Funder, H.D.

	FEMALE APPLICANT
Name Robert Lea Burns	Name Debra and Carrier
Date of Birth Month Day 24 Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Internapolis in.	Delenfield in.
Residence Address Street or P.R. City County State	Residence Address Street or R.R. City County A State A
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Previous maintai Status. Nevel mained Divinity of Previous maintages
Last Marriage Ended By: Death Divorce Annulment Date 1986	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
- 101.1120,	- Millione
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes ☐ 4. Are you now under the influence of a narcotic drug? No Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes State the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
5. List the full maries of any dependent children.	5. List the full harnes of any dependent children.
6. (a) Full name of applicant's father Lea & Burns	6. (a) Full name of applicant's father James J. Carrier
(If adopted, list adoptive parents only)	(If adopted list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Sulpfield, In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Julia B. Coalley	(b) Full maiden name of applicant's mother leula mae Samb
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a) list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Active Date 012/193	Signature of Applicant Albra a. Carrier Date 8/24
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:	State of Indiana) I swear/affirm that the information give County of HENDRICKS ss:
Signed Solut La Dissiplication is true and correct.	Signed Delira a Carrier
New Address 2055 Mariner Was #A Tappt IN	New Address Saml
Subscribed and sworn to before me this 244 day of Cuy, 19 93	Supscribed and sworp to before me this 244 day of Queg 19 93
Ornie Jausen Clerk of the HENDRICKS Circuit Court	Cornie Carron Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) HENDRICKS SS:
HENDRICKS SS:	C I I I I I I I I I I I I I I I I I I I
County of HENDRICKS ss:	County or
County of	FatherID #
County of ID # ID #	Father
County of	FatherID #
County of ID # ID #	Father
County of	Father

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

	426
No	104
File	
A	1924-93
	To

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

Female Applicant 50 No Yes Separated 8-24-93
Name of Physician All Separates

	FEMALE ARRIVOANT
MALE APPLICANT	FEMALE APPLICANT Name First Middle / Last
Brian A Middle Clark	Unicy J. Dossmann
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) Addels, Un.	Place of Birth (State or foreign country) Mdels —
Residence A Street of R.R. City County State	Residence Address Street or R.R. City County State
132 Eastern Ave Planguld Dend In.	5974 Oak Will ESK Flanfield In Hend
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Por No. of Previous Marriages:
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Thurst less less and
- Amen office	
	Vac D
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? Yes ☐
3. Are you now under the influence of an alcoholic beverage? No Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Palkeck R. Clark	6. (a) Full name of applicant's father James Peter Gossman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) And pls, An	Residence of father (if deceased, so state) Planfuld
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Panulla yo Chris	(b) Full maiden name of applicant's mother Johna Rae Russia
(If adopted, list adoptive parents only) Besidence of mother (if deceased so state) Audition	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant A Blian A Date 8-24-93	Signature of Applicant North Applicant Date 8-24-93
X	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss: in this application is true and correct.
Signed & Gran A Clark	Signed Chy G. Hoshgw
New Address 24 May 12 93	New Address Subscribed and sworn to before me this 21 day of Aug. 19 93
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this August day of HENDRICKS Circuit Court
Officer Court	Control of the Contro
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Create of Indiana	State of Indiana)
State of Indiana) County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE MOEN	OF AND MARRIAGE OFFICIALE
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of, authorizing the marriage of,	lerk of the Circuit Court of HENDRICKS County, Indiana, BRIAN ANTHONY CLARK
and AMY JO GOSSMANN	. I further certify that the following marriage certificate was filed in my office:
I, REV. JOHN C. PARSLEY	(name), certify that on SEPTEMBER 11, 1993
(date), at PLAINFIELD	inHENDRICKS County, Indiana,
BRIAN ANTHONY CLARK of HENDRICKS	County IN (state), and IN (state) were married by me as supported
	Juniy (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ REV. JOHN C. PARSLEY	f HENDRICKS County, Indiana, dated 8-24-93 PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-20-93 (date). (official designation)
	1 . 9
	Signed Connie Jawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 437

File 8-25-93

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.

MALE APPLICANT

FEMALE APPLICANT

Date of Birth Month Day Year	Date of Birth Month, Way 7, Year
Place of Birth (State or foreign codetry)	Place of Birth (State or foreign country)
Indianipales In	proposible Beach Ila.
820 S. Westbrook, are Interest of the State of S	5998 E. God. 150 N. Danvelle In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OB No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1990	Last Marriage Ended By: Death Divorce Annulment Date
- Y NO.	Date of birth verified by: Birth Certificate Other (Specify) Date
Date of birth verified by: Birth Certificate Suber (Specify)	Date of birth verned by: Birth Certificate Date (Specify) D.A. A.C.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes Yes Yes Yes Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
Denjamen Vauglas ting Gys.	
the lead Chi to this	Of Les Sunta
6. (a) Full name of applicant's father/Couffact Climaton (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Independent on the state of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Tather Seene Burnett	(b) Full maiden name of applicant's mother Margie Jewell Missel
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant W W - D King page 8-25-93	immune deficiency syndrome)
Signature of Applicant Well - D King Date 8-25-73	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of HENDARCAS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 50	New Address 8 20 5 - Westhardk and Indeps, Un 4624
Subscribed and sworn to before me this 25% day of aug 1993	Subscribed and sworn to before me this 25 day of and 1993
Connection Clerk of the HENDRICKS Circuit Court	Correction Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF DADENTS DADENT OF CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) State of Indiana) State of Indiana) State of Indiana)	State of Indiana) HENDRICKS SS:
County of	County of
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me this day of , 19	
oubserious and swell to belief the time	Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county	Clerk A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county	The country of the Circuit Court of Americage license having been refused to the above named parties, the country by written order issued country. Indiana.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county	The marriage license having been refused to the above named parties, the Court, by written order issued sea and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Early of the Circuit Court of HENDRICKS County, Indiana, WILLIAM DOUGLAS KING
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county	a marriage license having been refused to the above named parties, theCourt, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court ofHENDRICKS County, Indiana, WILLIAM DOUGLAS KING I further certify that the following marriage certificate was filed in my office:
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	The country of the circuit Court of HENDRICKS Country, Indiana, WILLIAM DOUGLAS KING I further certify that the following marriage certificate was filed in my office: (name), certify that on OCTOBER 2, 1993
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court ofHENDRICKS County, Indiana, WILLIAM DOUGLAS KING I further certify that the following marriage certificate was filed in my office: (name), certify that on OCTOBER 2, 1993 in MARION County, Indiana, County IN
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	The country of the circuit Court of the circuit Cou
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issued es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE erk of the Circuit Court of

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 438

File 8-25-93

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license	١.
A person who knowingly furnishes false information to a clerk of the	е
circuit court when the person applies for a marriage license unde	er
IC 31-7-3 commits a Class D felony.	

Female Applicant 50 No Yes Service 8-12-93
If No, Medical Examination or Report Dated 8-12-93
Name of Physician

	FEMALE ADDITIONAL
MALE APPLICANT Name // First // Middle tast	FEMALE APPLICANT
Tale Tyler Thellips	Minherly an Snapp
Date of Birth Month 3 Day 5 Year 12	Date of Birth Month Day 10 Year 6 9
Place of Birth (State or foreign country) Beldard In.	Place of Birth (State or foreign country)
Residence Address Street of R.R. Agity A Sounty State	Residence Address Street or R.R. Street or R.R. State
11 Minimum NI Nonecul	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) On. Lie	Date of birth verified by: Birth Certificate Other (Specify) Dr. Lie
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
5 1 11 00	
6. (a) Full name of applicant's father Leanard Roccett Phillip	Rs (a) Full name of applicant's father John Connell Ana
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother durance near new	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Jerre, Haute, In	Residence of mother (if deceased, so state) Daniel V
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome)	immune deficiency syndromes and the syndromes are syndromes are syndromes are syndromes are syndromes and the syndromes are syndromes are syndromes are syndromes are syndromes and the syndromes are synd
Signature of Applicant Date 9- Pulling Date	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: In this application is true and correct.	County of HENDRICKS. ss: in this application is true and correct.
Signed Ota V. Mulight	Signed New Address
Subscribed and sworn to before me this 254 day of aug 19 93	Appscribed and sworn to before me this 25th day of Qug , 19 93
Circuit Court	Carrie Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Secretary of HENDRICKS ss:	State of Indiana) Countries HENDRICKS SS:
Father	County of ID #
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana.
dated 8-25-93, authorizing the marriage of	Côle Tyler Phillips
and Kimberly Ann Snapp	I further certify that the following marriage certificate was filed in my office:
(date), at One-thirty in Indianapolis	(name), certify that on September 11th, 1993 in Marion County, Indiana.
Cole Tyler Phillips of Hendricks	
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 8-25-93
Signed by: /s/ Jeffrey V. Boles	Judge/Circuit Court (official designation) 9-11-93 (date)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-11-93 (date).
	Signed Connie Fourson Clerk
	Signed Clerk HENDRICKS Circuit Court
OVCE FORMS + SYSTEMS 1.400-342-4702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 8-26-93

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

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

Female Applicant 50 No Yes 8-26-93
If No, Medical Examination of Report Dated 8-26-93
Name of Physician H.D.

MALE APPLICANT	EEMALE APPLICANT
Name Middle Last 1.0	Name First Middle Last 0
Date of Birth Month Day Year Year	Date of Birth Month Day - Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address D Street or R.R. City County
TO Kay 58 ams, In.	POBAL 58 amo, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1985	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) On. Lie	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. On nathan Davidson 4 yps.
~ 0,0100	matthew Vanidson, 1 gry
6. (a) Full name of applicant's father Donald II. Allen (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father William Tcahler Sauce (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother That you will be supplied the following the	(b) Full maiden name of applicant's mother A starting Trail Case (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Amo, In.	Residence of mother (if deceased, so state) St. Hetership &
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date	Signature of Applicant Lbu Laux Date 8 26-7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address	New Address ll Same 11
Subscribed and sworn to before this 26 4 day of Cury 19 93 Charles and sworn to before the HENDRICKS Circuit Court	Subscribed and sworn to before me this 26 th day of Aug , 19 9.3
Circuit Court	Clerk of the NENDICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) HENDRICKS ss:
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 8-26-93, authorizing the marriage of	MICHAEL K. ALLEN
I, CINDY SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 26, 1993
(date), at DANVILLE	in HENDRICKS County, Indiana,
NIVI D CAU	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-26-93
Signed by: /5/ CINDY SPENCE	, <u>1ST DEPUTY CLERK</u> (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-26-93 (date).
	Signed Connie Lawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-4702 1477	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Joseph Wanne McDiniel	Name First Middle Last
Date of Birth North Name Wantel	Date of Birth Month Day Redding
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
9825 W. Washington St. Indply IN	9825 W. Washington St. Induls. In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married QOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Blirth Certificate Rother (Specify) Sether Rec., SS#316.76-11	33 Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father thortes Thomas Mc Daniel	6. (a) Full name of applicant's father trevett William Redding
(If adopted, list adoptive parents only). Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) \(\sqrt{2} \)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TO
(b) Full maiden name of applicant's mother (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Donna Ray Torrence (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) # Tratesville. In	Residence of mother (if deceased, so state) Magnetatle, In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Signed New Address Subscribed and sworn to before me this Clerk of the Clerk of	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana
Father De seased 3-22-84 ID # Mother Kurnells ID #306-72-66-23 Subscribed and sworn to before me this 21e day of 1993 Clerk	Country of HENDRICKS Father X E Versto W. Badding ID # 306-64-9887 Mother Donna X. Budding ID # 309-68-2758 Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
and filed in theres of the , authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 8-30-93, authorizing the marriage of andJENNIFER M. REDDING	erk of the Circuit Court of HENDRICKS County, Indiana, JOSEPH W. McDANIEL
I, HAROLD BEATY	I further certify that the following marriage certificate was filed in my office: (name), certify that on AUGUST 30, 1993
JOSEPH W MCDANTEL C HENDRICKS	in JOHNSON County, Indiana, IN (state) and
JENNIFER M. REDDING of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ ELDER HAROLD BEATY	MINITED County, Indiana, dated 8-30-93
Filed and recorded in accordance with the laws of the State of Indiana on	9-15-93 (date).
	Signed Clerk HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last L	Name Cuntilia marie Last by
Date of Birth Month Day Year	Date of Birth Month Day 19 Year 74
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City Coupy) Stay
PO Box 122 Mayton IN	400 Magnalla Vs. Freinfield,
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Maritad COR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Query Dr. LCC.	Date of birth verified by: Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you related to the female applicant closer than second cousin? No Yes Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
4. Are you now under the influence of a narcotic drug? No 2 Yes No	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gordon Wayne Bernis	6. (a) Full name of applicant's father Harald 7. Cackson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Noverdale TN	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother axolyn Sue beralds	(b) Full maiden name of applicant's mother Janet Source Au
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Noverdake TD	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Denton Benus Date	immune deficiency syndrome). Signature of Applicant Cunthra M. Jackson Date
orginate of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs. Clerk of Court Date	Clerk of Court Date
	State of Indiana) I swear/affirm that the information given
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Denton Berning	New Address PO Box 122 (Clayton, IN 46118
New Address Subscribed and sworn to before rige this	Subscribed and sworn to before me this 27 day of aug . 19 93
Clerk of the HENDRICKS Circuit Court	Conne Javeson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID # Mother ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of , 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issuedces and directs the issuance of a marriage license to the above named parties.
	THE RESIDENCE OF STREET STREET,
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of
dated 8-27-93, authorizing the marriage of	DENTON EVERETT BEMIS
and CYNTHIA MARIE JACKSON I. STEVAN W. RANSON	I further certify that the following marriage certificate was filed in my office: (name), certify that onAUGUST 28, 1993
(date), at CLAYTON	in HENDRICKS County, Indiana,
DENTON EVERETT BEMIS of HENDRICKS	County IN (state), and
CYNTHIA MARIE JACKSON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	ounty IN (state) were married by me as authorized to HENDRICKS County, Indiana, dated 8-28-93
Signed by: /s/ STEVAN W. RANSON	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	8-31-93 (date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 442 File 8-27-93

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

Female Applicant 50 No Yes 8-27-93
If No, Medical Examination of Report Dated 8-27-93
Name of Physician Ym (Liwelly, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Shight A Market A Last	Name Thirst an Smiddle in Thursday
Date of Birth Month Day Year, H	Date of Birth Month Day 2 Year 1 9
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indianapolis, In.	- Ileda Ohia
9529 Milady In New Indeploy	Residence Address 9 Thelody In Hand Indplay
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
V ~ (D.	
Date of birth verified by: Birth Certificate Sother (Specify) Dr. Lie.	Date of birth verified by: Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes Yes No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ 5. List the full names of any dependent children	5. List the full names of any dependent children. Michael Bailey 4 yro-
Section of the fact of the section o	Jesseen Briley 3 yrs.
× 100 1.1	Rabert Bailey 1 yr. y
3. (a) Full name of applicant's father David Cler Davily	6. (a) Full name of applicant's father Clark Sustan Trueger
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Slavia Ann Nalen
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Chip Laurean,
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 8/27/93	Signature of Applicant Old Old Date 575
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) see swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed III & Davier	Signed / State / March College
New Address Subscribed and sworp to before me this AUG day of 22, 19 93	New Address Subscribed and sworn to before me this 27 day of 405, 19 93
the same have a Clerk of the HENDRICKS Circuit Court	Cornie Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	Ctate of Indiana
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LIGENCE ISCHER BY CREET OF COURT	A marriage liganes begins have referred to the object and seeding the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
The state of the s	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	
dated 8-27-93 KASEE MARIE KRUEGER authorizing the marriage of	
The state of the s	I further certify that the following marriage certificate was filed in my office:
date) at DANVILLE	in HENDRICKS County, Indiana.
MICHAEL LEE BAILEY of HENDRICKS	in HENDRICKS County, Indiana, _ County IN (state), and
WARDER WARREN WARREN	county IN (state), and county IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 8-27-93
Signed by: /s/ DEBRA A. HEDRICK	,,
Filed and recorded in accordance with the laws of the State of Indiana on_	8-27-93 (date).
	1
	Signed Ornel Jawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

County

File

8-27-93

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 8-27-93
If No, Medical Examination or Report Dated 8-27-93
Name of Physician

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Dal Khurard Singleton	Name Debra and Veynig
Date of Birth Month Day 45	Date of Birth Month 4 Day 24 Mar 66
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Gounty Lee State 4260 W 200 3 Dan welle state	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
	- 15 - 1000
Last Marriage Ended By: Death Divorce Annulment Date 1988	Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Author (Specify) Indiana I.D. Card
1. Are you now or have you ever been adjudged to be of unsound mind? N∂ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Ves
2. Are you related to the female applicant closer than second cousin? Note the semale applicant closer than second cousin? Note the semale applicant closer than second cousin? Note the semale applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children,	List the full names of any dependent children.
	Janes Neyming 9 yrs.
6 (a) Eill same of applicant's father Bayrie Singleton)	6. (a) Full name of applicant's father Cally William &
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father U (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Many Kuthkelm Rul	Full maiden name of applicant's mother Table unit unit
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant School Signature of Applicant Date 8-27-93	Signature of Applicant Defin Deeping Date 8/27/
	,) , ,
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date P-27-93	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information gives SS:
The supplication is true and correct.	County of
Signed South Santal	Signed Same
Subscribed and sworm obefore me this 27 d day of cluq, 19 93	Subscribed and sworp before me this 27th day of dung, 1993
Circuit Court	Connedaisson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 8-27-93, authorizing the marriage of	JOE EDWARD SINGLETON
andDEBRA ANN HEYMIG	. I further certify that the following marriage certificate was filed in my office
I, REV. KENNETH SMITH (date), at DANVILLE	in HENDRICKS County Indiana.
TOE EDWARD CINCLEMON HUMBRISHS	_ inHENDRICKS
DEDDA ANN HEVMTC	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-27-93
Signed by: /s/ REV. KENNETH SMITH	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-21-93 (date).
	Signed Cornel Lawren

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes 9-27
If No, Medical Examination or Report Dated 8-27
Name of Physician Um Columnia

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT Name First Migdle Last
Daugles Scatt Hawkins	Jane Tay Mast
ate of Birth Day O Year 70	Date of Birth Month Year 73
lace of Birth (State or foreign country) Reidmallo . D. C.C.	Place of Birth (State or foreign country) (Chlin Am)
esidence Address State Super or R.R. City 7/ Sound State many	Residence Address Street or RM. County State
506 Minim Hell Cucle Shapes	1069 xnarion Os. mangrellon
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify) . Lie.	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes- Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children,	5. List the full names of any dependent children.
(a) Full name of applicant's father Dauglas Mc Lee Hawk	(a) Full name of applicant's father David Colevard Mass
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Reidsgille NC	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Calalyn Smattlers	(b) Full maiden name of applicant's mother across the first the first than the fi
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Wisginia	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired imune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
gnature of Applicant Dustup Date 8 197 193	Signature of Applicant Date 8-37-93
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 5506 Pleasant All Cir. D	Signed Si
New Address SOIO THE GRANT ALL CER. 19 43	New Address 5500 Read the Circle #1
Clerk of the HENDRICKS Circuit Court	Connection Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty ofss:	County of HENDRICKS ss:
ther ID #	Father ID #
other ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana
ated 8-27-93, authorizing the marriage of	DOUGLAS SCOTT HAWKINS
ndJANICE KAY MAST	I further certify that the following marriage certificate was filed in my office:
CARL E. MAST	(name), certify that on SEPTEMBER 18, 1993
date), at PENDLETON DOUGLAS SCOTT HAWKINS of MARION	inMADISONCounty, Indiana,
THE WAY WAST	CountyIN (state), and puntyIN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
igned by: /s/ CARL E. MAST	, MINISTER (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	9-21-93 (date).
	0. 9
	Signed Corne acoson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File _______

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

Female Applicant 50 No Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Do 1720+0

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Howard	Name First Middle Last
Date of Birth Menth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State, or foreign country)
Tenn,	Residence Address Street of R.R. City County State
Residence Address Street of R.P. City Geunty State Street of R.P. City Long State Street of R.P. City Long State Street Street	Residence Address Street or R.R. City 11 County State IN 4
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1985	Last Marriage Ended By: Death Divorce Annulment Date 107 29
- 11 0 1	Date of birth verified by: Birth Certificate Sother (Specify)
Date of birth verified by: Birth Certificate Other (Specify) DYWOS WCCNEC	Sale of our refined by. Controlled Agrica (openin) Di 10415 Liver S
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? Notal Yes 2. Are you related to the female applicant closer than second cousin? Notal Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? No. Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Nathan Allen
	malayer
6. (a) Full name of applicant's father George Jackson House	6. (a) Full name of applicant's father Wilford Malayer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Thouana
Birthplace of father (State or foreign country) Prkansas (b) Full maiden name of applicant's mother Martha Elrita Jack	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother 100 m (15 250 m) (16 adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased	Residence of mother (if deceased, so state) Troducina
Birthplace of mother (State or foreign country) lenn,	Birthplace of mother (State or foreign country) Indiana
hat are sexually transmitted, and a list of the test sites for the virue that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above.
the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information giver county of HENDRICKS ss: in this application is true and correct
Signed Jaff May	X Signed S/CRI & Malayle
New Address Subscribed and swo(f), to before me this 30th day of Ouxquat, 1993	New Address
ON NO Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
ather ID #	Father ID #
tobscribed and sworn to before me thisday of19	MotherID #
Clerk	Subscribed and sworn to before the this
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedeconomic to the above named parties.
, control	of and another the rectained of a marriage needed to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana, PAUL J. HOWARD
dated 8-30-93 , authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
REV. CLAUDE CREEL	(name), certify that on SEPTEMBER 11, 1993
date), at HUNTSVILLE	_ inMADISON County, Indiana,
PAUL J. HOWARD of HENDRICKS VICKI J. MALAYER of HENDRICKS Co	County IN (state), and
	univ isiale) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by: /s/ REV. CLAUDE CREEL	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-14-93 (date).
	1 9
	Signed Conne dawson Clerk
OYCE FORMS • SYSTEMS 1-800-382-4702 1477	HENDRICKS Circuit Cour

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** No 🗆 / Yes 🗆 No 🗆 Yes 🗆 / Yes 🗆 NoV Yes 🗌 NA /Yes 🗆 Yes 🗌 **ACKNOWLEDGMENT** acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. Clerk of Court Clerk of Court day of dug, 19 93 Cornegacuson Consulgauson Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give cor COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, . I further certify that the following marriage certificate was filed in my office:

(name), certify that on SEPTEMBER 4, 1993

in HENDRICKS

County, Indiana. AMY LYNNE SHELDON BUFORD BRACK (date), at AMO
BUFORD LEE MITCHELL AMO County, Indiana, HENDRICKS _(state), and . County AMY LYNNE SHELDON HENDRICKS IN County (state) were married by me as authorized

HENDRICKS

MINISTER

9-20-93

County, Indiana, dated 9-4-93

Circuit Court

(official designation)

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ MUFORD BRACK

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

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

Death

acknowledgment because of religious beliefs.

HENDRICKS

scribed and sworp obefore me this 300

once awson Clerk of the

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

Clerk of Court

State of Indiana

Birth Certificate Other (Specify)

Divorce

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician MALE APPLICANT **FEMALE APPLICANT** Annulment Birth Certificate Other (Specify) Yes 🗌 Yes 🗌 No 🗌 Yes 🗌 Yes 🗌 Yes 🗆 ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by acknowledgment because of religious beliefs HENDRICKS day of Oug HENDRICKS aug , 19 93 HENDRICKS Clark of the CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign HENDRICKS Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 8-30-93 JOSEPH DUANE BOWSER authorizing the marriage of ____ and MARY ELIZABETH ANNE CRAWLEY . I further certify that the following marriage certificate was filed in my office: I, DWIGHT ALAN HERIN (name), certify that on SEPTEMBER 4, 1993 (date), at __CLAYTON HENDRICKS _ County, Indiana,_ JOSEPH DUANE BOWSER HENDRICKS IN County (state), and MARY ELIZABETH ANNE CRAWLEY of HENDRICKS County IN (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 9-2-93 Signed by: /s/ DWIGHT A. HERIN MINISTER (official designation) 9-9-93 Filed and recorded in accordance with the laws of the State of Indiana on. (date). _Clerk Circuit Court BOYCE FORMS • SYSTEMS 1-800-382-8702 147

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Person Middle Lastern	Name List Pirst Middle Started
Date of Birth Month Day Year	Date of Birth Month, D Day 27 Year 69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City La Cougly A State Of A	Residence Address Street or R.Po A City D.L. County & State
250 Warth Kast St. apt 208 Hunfry	20 abner Creek TRing, Nanaelle, In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Query (Specify)	Date of birth verified by: Birth Certificate Author (Specify)
- F. Wilaso.	
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	210 01 -1-0
6. (a) Full name of applicant's father Muchtephen Tulliam	6. (a) Full name of applicant's father Bubby Sene Hickson.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lee White	(b) Full maiden name of applicant's mother Marcia Lucise Markland
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Date 8-30-9 3	immune deficiency syndrome). Signature of Applicant Date
- Common of Approximation of the Common of t	organistic of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed New Address New Address	New Address 250 N. East St #208 Plainfield in 46168
Subscribed and swarp before me this 30% day of aug , 19 93	Subscribed and sword to before me this 30th day of aug 19 93
Clerk of the HENDRICKS Circuit Court	Consideration Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS ss:	State of Indiana) State of HENDRICKS ss:
County of	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 8-30-93 authorizing the marriage of	DEVON DUANE PULLIAM
and LISA RENEE HICKS S. V. STILES	I further certify that the following marriage certificate was filed in my office:
(date), at DANVILLE	in HENDRICKS County Indiana 18, 1993
DEVON DUANE PULLIAM of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and County Count
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ S. V. STILES	HENDRICKS County, Indiana, dated 8-30-93
Signed by: /s/ S. V. STILES Filed and recorded in accordance with the laws of the State of Indiana on	PASTOR (official designation) 9-21-93 (date)
. The disa recorded in accordance with the laws of the state of maiana on	$\frac{9-21-93}{2} \text{ (date)}.$
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. Nox If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under **FEMALE APPLICANT** Yes 🗌 No Yes No 🗌 Yes 🗌 No D Yes 🗆 No 🗗 Yes 🗌 No Yes Yes 🗌 No Yes Yes 🗌

MALE APPLICANT Last Marriage Ended By: ACKNOWLEDGMENT **ACKNOWLEDGMENT** have received information regarding dangerous communicable diseases that I have received information regarding dangerous commu The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS HENDRICKS day of august, 19 _ day of august 19 93 Cornejamson HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give co HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, authorizing the marriage of _ DIANA LYNN DOSS . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ___ SEPTEMBER 18, 1993 and V. RAY DIXON (name), certify that on _ HENDRICKS PITTSBORO (date), at PITTSBORO
BRUCE ELLIOTT GEMMEL County, Indiana, HENDRICKS IN County (state), and DIANA LYNN DOSS HENDRICKS IN _ County (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ V. RAY DIXON County, Indiana, dated 8-31-93 REVEREND (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on. 9-21-93 (date).

> aws Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

HENDRICKS

County

File

8-31-93

Date of Application

Poplying for license. Female Applicant 50 No Yes and 21 03

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

Female Applicant 50 No Yes 3-31-93
If No, Medical Examination or Report Dated 8-31-93
Name of Physician M. Payer, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name First Middly Plast	Name First of Middle McLast - //
ate of Birth Month Day Year	Date of Birth Month 3 Day , — Year — Year
4 23 72	3 17 //
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
signice Address Street or R.R. City County State	Residence address , Steet or R.R. City South State
Ct # / May 237 Trittsbara Ja.	THE DAY 2371 Fillebara,
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
1 ~ 0:	1 000
e of birth verified by: Birth Certificate Quher (Specify) . A.C.	Date of birth verified by: Birth Certificate Other (Specify) D1. Z.C.
N. V. I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes," has the adjudication been removed? No Yes I
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Jack Harrison Lagle	6. (a) Full name of applicant's father David Rugene 70°
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Placenfield,
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Managellaine Pays	(b) Full maiden name of applicant's mother fact that July
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
gnature of Applicant Show Maghe Date 8-31-93	Signature of Applicant Lelly & MCNahh Date 8/31/3
griature of Applicant	Signature of Applicant
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana I swear/affirm that the information given
County of HENDRICKS In this application is true and correct.	County of HENDRICKS ss:
13 16 71 - 177 1 1 1 16	Signed / CCCV V . 91 9 CCCV
Signed John 70 4	19.0
New Address Same	New Address Dime
New Address Same ubscribed and sworn to before me this 3 At day of Qua 1993	Subscribed and sworm before me this 31st day of Dung 1993
New Address Same day of Queg 1993	Subscribed and sworp@ before me this 31st day of Deg . 1993
New Address Same day of Quay, 19 93 White Clerk of the HENDRICKS Circuit Court	New Address Subscribed and sworn before me this 31st day of Quy , 19 93 Corruit Court Clerk of the HENDRICKS Circuit Court
New Address Same day of Quag , 19 93 Library Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN	New Address Subscribed and sworp before me this 31st day of Cury 1993 HENDRICKS Circuit Count CONSENT OF PARENTS, PARENT, OR GUARDIAN
New Address Same abscribed and sworn to before me this SINT day of Quag 1993 Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	New Address Subscribed and sworp before me this 3 1 of day of da
New Address Same day of Cug, 1993 Linch Clerk of the HENDRICKS Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN le, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	New Address Subscribed and sworp before me this 31st day of Cury 1993 HENDRICKS Circuit Count CONSENT OF PARENTS, PARENT, OR GUARDIAN
New Address Same day of Quag , 19 43 Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, attered facts which make the consent of the other parent unnecessary	New Address Subscribed and sworp before me this 3 1 of day of da
New Address Same S	Subscribed and sworm before me this 31st day of Lug 1993 Circuit Count CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
New Address Discribed and sworn to before me this Clerk of the Clerk	New Address Subscribed and sworn before me this 31 of day of Course 1993 Circuit Course 199
New Address Same Same	New Address Subscribed and sworn before me this 31 of day of Course 1993 Circuit Course 199
New Address Same S	New Address Subscribed and sworn before me this Clerk of the Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father ID #
New Address Same S	New Address Subscribed and sworn before me this 3 1 day of 2 day of 4 day
New Address Same S	New Address Subscribed and sworn before me this 3 1 2 2 day of 2 3 4 4 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5
New Address Same S	New Address Subscribed and sworp before me this Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father Mother Subscribed and sworn to before me this day of 10 # Circuit Court Circuit Court Circuit Court The Mother ID # Circuit Court Circuit Court Circuit Court A marriage license having been refused to the above named parties, the
New Address Discribed and sworn to before me this	Subscribed and sworn before me this State of the State of Indiana County of HENDRICKS State of Indiana State of Indiana State of Indiana Subscribed and sworn to before me this day of State of Indiana Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Court, by written order issued
New Address Discribed and sworn to before me this SINT day of Curg 1993 HENDRICKS Clerk of the HENDRICKS Circuit Court CI	New Address Subscribed and sworp before me this Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father Mother Subscribed and sworn to before me this day of 10 # Circuit Court Circuit Court Circuit Court The Mother ID # Circuit Court Circuit Court Circuit Court A marriage license having been refused to the above named parties, the
New Address Described and sworn to before me this S RT day of Clurg 19 19 19	Subscribed and sworp before me this State of the State of Indiana County of HENDRICKS Subscribed and sworp before me this State facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of
New Address Discribed and sworn to before me this	New Address Subscribed and sworp before me this 3 (at day of Lug 193) Clerk of the HENDRICKS Circuit County CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 # Clerk To marriage license having been refused to the above named parties, the Court, by written order issued as and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE
New Address bscribed and sworn to before me this	Subscribed and sworp before me this State of the State of Indiana County of HENDRICKS Subscribed and sworp before me this State facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of
New Address Aday of Cura 1993 HENDRICKS Circuit Court Circuit	Subscribed and sworp before me this State of Indiana County of HENDRICKS Subscribed and sworp before me this State facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 Clerk To marriage license having been refused to the above named parties, the Sand directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Fork of the Circuit Court of HENDRICKS JOHN MICHAEL LAGLE
New Address Disscribed and sworn to before me this Clerk of the Clerk	Subscribed and sworn before me this 3 of day of RENDRICKS CIrcuit Count CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother Subscribed and sworn to before me this day of 19 Cierk Tourt, by written order issued 20 Es and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE In the Circuit Court of HENDRICKS County, Indiana, JOHN MICHAEL LAGLE I further certify that the following marriage certificate was filed in my office:
New Address Disscribed and sworn to before me this Clerk of the Clerk of the DISSENT OF PARENTS, PARENT, OR GUARDIAN E, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary DISSENT OF PARENTS, PARENT, OR GUARDIAN E, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary DISSENTED HENDRICKS DISSENTED HENDRICKS SECURITY RETURN OF MARRIAGE LICENSE COUNTY RETURN OF MARRIAGE LICENSE CERTIFY that there was filed in my office a marriage license issued by the Cleated 8-31-93 KELLY SUE MCNABB STEVEN T. REEVES	New Address Subscribed and sworr to before me this Stot day of AEDRICKS CICRUIT COUNTY CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 10 # Cierk To marriage license having been refused to the above named parties, the candidate and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The first of the Circuit Court of HENDRICKS County, Indiana, JOHN MICHAEL LAGLE I further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 4, 1993
New Address Disscribed and sworn to before me this DISSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary DISSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary DISSENTED HENDRICKS DISSENTED BY ORDER OF COURT. A County COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County TOWNS OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County COUNTY RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County COUNTY RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A COUNTY Authorized B A - 31 - 93 MELLY SUE McNABB STEVEN T. REEVES DIAM DICHAREL LACLE DESCRIPTION OF MARRIAGE LICENSE ISSUED BY ORDER OF COURTS A COUNTY AUTHORIZED LACLE DIAM DICHAREL LACLE HENDRICKS HENDRICKS	New Address Subscribed and sworr to before me this Stot day of ALLY 1993 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Subscribed and sworn to before me this day of 10 # Clerk Tamarriage license having been refused to the above named parties, the candidate and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of HENDRICKS County, Indiana, JOHN MICHAEL LAGLE I further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 4, 1993 In HENDRICKS County, Indiana,
New Address ubscribed and sworn terpefore me this Clerk of the Clerk of the Clerk of the HENDRICKS Circuit Court Consent of this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary tate of Indiana ounty of HENDRICKS Section Complete IF Marriage License Issued By Order Of Court. A County	New Address Subscribed and swerry before me this State of the HENDRICKS Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of ID # Court, by written order issued directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS If further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 4, 1993 in HENDRICKS County, Indiana, County, Indiana, County Indiana,
New Address ubscribed and sworn terpefore me this Clerk of the Clerk of the Clerk of the HENDRICKS Circuit Court Consent of this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary tate of Indiana ounty of HENDRICKS Aday of Clerk Complete IF Marriage License Issued by Order Of Court. A County C	New Address Subscribed and sworps before me this Stot day of County of HENDRICKS Consent of Parents, Parent, or Guardian, State of Indiana County of HENDRICKS County of HENDRICKS County of Hendricks Court, by written order issued and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE or of the Circuit Court of HENDRICKS If further certify that the following marriage certificate was filed in my office: (name), certify that on September 10 me as authorized and surple of the county of the co
New Address ubscribed and sworn to before me this Clerk of the Clerk of the parents of this marriage. If only one parent signs, attention of the other parent unnecessary Clerk of Indiana Ounty of Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County County County Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County County Clerk County Clerk County Clerk County Authorize Cretify that there was filed in my office a marriage license issued by the Clerk of the Clerk Clerk County Clerk COUNTY Authorize Clerk COUNTY Clerk COUNTY Authorize County Clerk COUNTY Authorize Clerk COUNTY Authorize Clerk COUNTY CHARLIAGE LICENSE COUNTY Authorize CHARLIAGE LICENSE COUNTY Authorize CHARLIAGE LICENSE COUNTY CHARLIAGE COUNTY CHARLIAGE COUNTY CLERK CLER	New Address Subscribed and sworn before me this Size day of County of PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 Court, by written order issued and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of HENDRICKS County, Indiana, JOHN MICHAEL LAGLE I further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 4, 1993 in HENDRICKS County, Indiana, County IN (state), and IN (state), and HENDRICKS County, Indiana, dated BENDRICKS County, Indiana, dated
New Address Libscribed and sworn to before me this List of Indiana Dunty of HENDRICKS Clerk Cler	New Address Subscribed and swerry before me this Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this and directs the issuance of a marriage license to the above named parties, the county of the Circuit Court of HENDRICKS FAND MARRIAGE CERTIFICATE The of the Circuit Court of HENDRICKS JOHN MICHAEL LAGLE I further certify that the following marriage certificate was filed in my office: SEPTEMBER 4, 1993 in HENDRICKS County, Indiana, County IN (state), and IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 8-31-93 PASTOR (official designation)
New Address Abscribed and sworn to before me this Clerk of the Clerk of the parents of this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary ate of Indiana Dunty of HENDRICKS SS: Clerk D #_ Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County Tother Clerk Clerk Clerk County Tother Clerk Clerk	New Address Subscribed and swerry before me this Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this Court, by written order issued and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE In the Circuit Court of In t
New Address Libscribed and sworn to before me this Clerk of the Libscribed and sworn to before me this Libscribed and sworn to before me this Libscribed and sworn to before me this Libscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary Libscribed and sworn to before me this Libscribed and sworn to the other parent unnecessary	New Address Subscribed and swerry before me this Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this and directs the issuance of a marriage license to the above named parties, the county of the Circuit Court of HENDRICKS FAND MARRIAGE CERTIFICATE The of the Circuit Court of HENDRICKS JOHN MICHAEL LAGLE I further certify that the following marriage certificate was filed in my office: SEPTEMBER 4, 1993 in HENDRICKS County, Indiana, County IN (state), and IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 8-31-93 PASTOR (official designation)

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 451

File

8-31-93

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 Semantial Semantial

MALE APPLICANT	FEMALE APPLICANT
Name Oellisist Omiddle Mattern	Name Marie Addidie
Date of Birth Day 2 Year / 2	Date of Birth Month Day F Year 7.0
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Sylect or R.R. Sity County, State	Residence, Address Speet or R.R. City County State,
8452 Inland On. Hend. Indplan.	8452 mland Dr. Hend. Indplos
Previous Marital Status: Never Married OR No. of Previous Marriages 46234	Previous Marital Status: Never Married SQR No. of Previous Marriages 46
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Agther (Specify)
The same.	- Guore.
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes ☐ S. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
S. List the foll manes of any dependent unitation.	o. List the foir names of any dependent children.
11 0 50 ##	60.1
6. (a) Full name of applicant's father the father than the fat	6. (a) Full name of applicant's father Clarence le. Culhac
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) **The state of the sta	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Weinerswille +
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother tinds Cloise Snellentle	ages (b) Full maiden name of applicant's mother Linda Jauise Bens
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joffy 11/2 Date \$1/75	Signature of Applicant 4 (adult of Nullach Date 8/31/
759	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
2 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana County of HENDRICKS Ss: Withis application is true and correct
Signed Jaffley 1 Hatters	Signed Pladule L. Kelbach
New Address Some	New Address Same
Subscribed and sworn to before me this 3100 day of and 1993 HENDRICKS Circuit Court	Subscribed and sworn to before me this 31st day of Cug., 19 93 Cornie Acusen Clerk of the HENDRICKS Circuit Cour
Official Count	Clerk of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Cler
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Clo	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated 8-31-93, authorizing the marriage of	JEFFREY J. MATTERN HENDRICKS County, Indiana,
and NADINE LOUISE KIEBACH	I further certify that the following marriage certificate was filed in my office:
THE REV. RON M. ZORN	(name), certify that on SEPTEMBER 25, 1993
date), at WABASH JEFFREY J. MATTERN of HENDRICKS	in WABASH County, Indiana, State) and
NADINE LOUICE PIEDACH	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-31-93
Signed by: /s/ THE REV. RON M. ZORN	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-29-93 (date).
	and Carried
	Signed Orne Oewson Clerk

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County No A IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married OR No. of Previous Marr Other (Specify) Ng Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 No Yes 🗆 No Yes No Yes No Yes No Yes anthony Edward Queller -Thelis Jean Trowbridge Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases 8/31/93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court I swear/affirm that the information given I swear/affirm that the information given cribed and sworn to before me this __3|e7 day of aug , 19 93 day of aug 1993 HENDRICKS V Conne pour Clerk of the Conne factor Clerk of t CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County , authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ALICE MARIE GEARLD _ . I further certify that the following marriage certificate was filed in my office: SEPTEMBER 3, 1993 RAYMOND H. DUFF (name), certify that on __ (date), at __PITTSBORO HENDRICKS _ County, Indiana,. MICHAEL ALLEN QUILLEN MARION IN (state), and County _ HENDRICKS IN ALICE MARIE GEARLD (state) were married by me as authorized of_ _ County_

HENDRICKS

MINISTER

9-13-93

County, Indiana, dated 9-3-93

Circuit Court

(official designation)

Signed by: /s/ RAYMOND H. DUFF

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

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