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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 145

File

4-16-93
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 4-9-93
Name of Physician Charles Tripple

MALE APPLICANT

Name: First Michael Middle D. Last Nowling

Date of Birth: Month 6 Day 23 Year 1956

Place of Birth (State or foreign country) Rabat Morocco

Residence Address: R2 Box 4 Street or R.R. Clayton City County State In.

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

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

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

Drivers License

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

6. (a) Full name of applicant's father Donald Leroy Nowling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anchorage Alaska
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Norma Jean Keith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

+ Signature of Applicant Michael D. Nowling 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

+ Signed Michael D. Nowling
New Address SAME

Subscribed and sworn to before me this 16th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Kathleen Middle C. Last Cowen

Date of Birth: Month 5 Day 18 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: R2, Box 4 Street or R.R. Clayton City County State In.

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

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

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

Drivers License

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

6. (a) Full name of applicant's father Bruce Stanley Cowen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elaine Ruth Hicke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fort Wayne In
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

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

+ Signature of Applicant Kathleen C. Cowen 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

+ Signed Kathleen C. Cowen
New Address same

Subscribed and sworn to before me this 16th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-16-93, *authorizing the marriage of* MICHAEL DAVID NOWLING *and* KATHLEEN CHRIST COWEN. *I further certify that the following marriage certificate was filed in my office: I,* MICHAEL R. HARRIS *(name), certify that on* APRIL 24, 1993 *(date), at* FT. WAYNE *in* ALLEN *County, Indiana,* MICHAEL D. NOWLING *of* HENDRICKS *County* IN *(state), and* KATHLEEN C. COWEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-16-93. *Signed by:* REV. MICHAEL R. HARRIS, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 146

HENDRICKS County

File

4-16-93
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 L. Trammell

MALE APPLICANT

Name: First Lance Middle E. Last Mundy

Date of Birth: Month August Day 14 Year 1957

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

Residence Address: Street or R.R. R.R. #1 Box 266 City Clayton County Hend. State In.

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

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

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

Drivers License

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

ACKNOWLEDGMENT

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

Signature of Applicant Lance E. Mundy 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Lance E. Mundy

New Address SAME

Subscribed and sworn to before me this 16th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jane Middle M. Last Carter

Date of Birth: Month Feb. Day 10 Year 1951

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

Residence Address: Street or R.R. R.R. #1 Box 266 City Clayton County Hend. State In.

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

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

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

Drivers License

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

ACKNOWLEDGMENT

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

Signature of Applicant Jane M. Carter 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Jane M. Carter

New Address Same

Subscribed and sworn to before me this 16th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* April 16, 1993 *, authorizing the marriage of* Lance Eugene Mundy *and* Jane Marie Carter *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* June 12, 1993 *(date), at* Indianapolis *in* Marion *County, Indiana,* Lance Eugene Mundy *of* Hendricks *County* IN *(state), and* Jane Marie Carter *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* April 16, 1993 *Signed by:* /s/ Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 147

File

4-16-93
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 4-14-93
Name of Physician Stephin Heeger

MALE APPLICANT

Name: First Tony Middle Wayne Last Arnold

Date of Birth: Month 4 Day 16 Year 1957.

Place of Birth (State or foreign country) Greencastle Indiana

Residence Address: Street or R.R. 9040 E. 400 N. City Brownsburg County In. State

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

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

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant Tony Arnold 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Tony Arnold

X New Address 2 same

Subscribed and sworn to before me this 16th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Julia Middle Jeanette Last Blanton

Date of Birth: Month 6 Day 1 Year 1964

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

Residence Address: Street or R.R. 9040 E. 400 N. City Brownsburg County In. State

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

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

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant Julia Blanton 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Julia Blanton

New Address Same

Subscribed and sworn to before me this 16th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-16-93, *authorizing the marriage of* TONY WAYNE ARNOLD *and* JULIA JEANETTE BLANTON. *I further certify that the following marriage certificate was filed in my office: I,* HUBERT GREER *(name), certify that on* MAY 8, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* TONY WAYNE ARNOLD *of* HENDRICKS *County* IN *(state), and* JULIA JEANETTE BLANTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-16-93. *Signed by:* /s/ HUBERT GREER, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 148

File

4-16-93 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 Dr. Trammel

MALE APPLICANT

Name: First Martin Middle E. Last Dawson
Date of Birth: Month 5 Day 11 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 240-Apt 1-C Bent Tree Dr. City Fairfield County State Ohio
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

† Signature of Applicant Martin E. Dawson 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

† Signed Martin E. Dawson
New Address 110-1C BENT TREE DR. FAIRFIELD, OH

Subscribed and sworn to before me this 16th day of April, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Michelle Middle L. Last Johnston
Date of Birth: Month 12 Day 22 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. P.O. Box 133 City Stilesville County State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

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

† Signature of Applicant Michelle L Johnston 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

† Signed Michelle L Johnston
New Address 116-1C Bent Tree Dr Fairfield OH

Subscribed and sworn to before me this 16th day of April, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-16-93 *, 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 *of* Butler *County* Ohio *(state), and* Michelle L. Johnston *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* April 16, 1993
Signed by: /s/ Rev. Robin K. LaRue *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 9, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 149

File

4-16-93
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 4-7-93
Name of Physician Dr. Bell

MALE APPLICANT

Name: First Calvin Middle D. Last Yates

Date of Birth: Month 3 Day 23 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 179 N Road 200 E City Danville County _____ State In.

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

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

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

Drivers License

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

ACKNOWLEDGMENT

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

Signature of Applicant Calvin D Yates 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed _____

New Address Calvin D Yates 512 Lakeshore Dr. Plainfield IN.

Subscribed and sworn to before me this 16th day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Nicole Last Brown

Date of Birth: Month 12 Day 5 Year 1971

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 340 McLaughlin City Indpls County Marion State In.

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Jennifer N. Brown 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Jennifer N. Brown

New Address 512 Lakeshore Dr. Plainfield IN.

Subscribed and sworn to before me this 16th day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-16-93 *, authorizing the marriage of* CALVIN D. YATES *and* JENNIFER 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 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CALVIN D. YATES *of* HENDRICKS *County* IN *(state), and* JENNIFER NICOLE BROWN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-28-93 *. 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* 5-28-93 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 150

File ~~4-19~~ 4-19-93
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 Edward Ploss

MALE APPLICANT

Name: First Bradley Middle ~~J.~~ J. Last DuBois

Date of Birth: Month 11 Day 12 Year 60

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 89'

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ~~☒~~ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ~~☒~~ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ~~☒~~ Yes ☐
4. Are you now under the influence of a narcotic drug? No ~~☒~~ Yes ☐
5. List the full names of any dependent children. Whitney R. DuBois, Austin C. DuBois
6. (a) Full name of applicant's father Jerry Joseph DuBois
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anderson IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Evelyn Sue ~~Ha~~ Affolder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Anderson IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Bradley J DuBois Date 4/19/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Bradley J DuBois

New Address _____

Subscribed and sworn to before me this 19th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sheryl Middle Lynn Last Stinson

Date of Birth: Month 8 Day 7 Year 66

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. PO Box 101 / St Rd 39 City Clayton County State IN

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 92'

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Sheryl L. Stinson Date 4-19-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Sheryl L. Stinson

New Address _____

Subscribed and sworn to before me this 19th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-24-93 *, authorizing the marriage of* BRADLEY J. DUBOIS *and* SHERYL L. STINSON *. I further certify that the following marriage certificate was filed in my office: I,* STEVAN W. RANSON *(name), certify that on* APRIL 24, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* BRADLEY J. DUBOIS *of* HENDRICKS *County* IN *(state), and* SHERYL L. STINSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-24-93 *. Signed by:* /s/ STEVAN W. RANSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 151

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Thomas Dascoli, MD

MALE APPLICANT

Name: First Matthew Middle Edwards Last Egenolf

Date of Birth: Month 1 Day 2 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1281 S. St. RD. 135 City Greenwood County Johnson State In.

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

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

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

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

6. (a) Full name of applicant's father Joseph Egenolf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Theresa Edwards
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Mylene Middle Miranda Last Villanueva

Date of Birth: Month 5 Day 30 Year 70

Place of Birth (State or foreign country) Manila Philippines

Residence Address: Street or R.R. 4832 Ridge Hill Way City Plfld. County Hendricks State In.

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

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

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

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

6. (a) Full name of applicant's father Oscar O. Villanueva
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Philippines
   (b) Full maiden name of applicant's mother Flora Medina Miranda
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Philippines

ACKNOWLEDGMENT

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

Signature of Applicant Matthew E. Egenolf Date 4-21-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Matthew E. Egenolf
New Address SAME

Subscribed and sworn to before me this 21st day of APRIL, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Mylene M. Villanueva Date 4/21/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Mylene M. Villanueva
New Address 1281 S. SR 135 Greenwood In. 46143

Subscribed and sworn to before me this 21 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-21-93 *, authorizing the marriage of* 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), at* INDIANAPOLIS *in* MARION *County, Indiana,* MATTHEW EDWARDS EGENOLF *of* JOHNSON *County* IN *(state), and* MYLENE MIRANDA VILLANUEVA *of* HENDRICKS *County* IN *(state) were 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/ REV. JOSEPH F. SCHAEDEL ROMAN CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-1-73 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 152

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated 11-30-92
Name of Physician Judith A Roberson, MD

MALE APPLICANT

Name First Kevin Middle Eugene Last Clark

Date of Birth Month 9 Day 26 Year 70

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

Residence Address 204 S. McKinley Street or R.R. North Salem City Hend. County In. State

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

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

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin E Clark Date 4/21/93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kevin E Clark
New Address _____
Subscribed and sworn to before me this 21st day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Nicolette Middle Marie Last Fox

Date of Birth Month 12 Day 22 Year 71

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

Residence Address RR 1 Box 324 Street or R.R. Pittsboro City Hend. County, In. State

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

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

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nicolette M Fox Date 4-21-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Nicolette M Fox
New Address _____
Subscribed and sworn to before me this 21st day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-21-93 *, authorizing the marriage of* KEVIN EUGENE CLARK *and* NICOLETTE MARIE FOX *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* APRIL 23, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KEVIN EUGENE CLARK *of* HENDRICKS *County* IN *(state), and* NICOLETTE MARIE FOX *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-93 *. Signed by:* /s/ CYNTHIA J. SPENCE 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 153

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 4-20-93
Name of Physician David Haggard.

MALE APPLICANT

Name: First JAMES Middle FITZGERALD Last WALKER
Date of Birth: Month APRIL Day 4, Year 1966
Place of Birth (State or foreign country): HENDRICKS COUNTY, IN
Residence Address: Street or R.R. 118 HANLEY, City PLAINFIELD, County, State 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X James Fitzgerald Walker Date 4/21/93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X James Fitzgerald Walker
New Address SAME
Subscribed and sworn to before me this 21st day of April, 19 93
Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First DENISE Middle MARIE Last TABLER
Date of Birth: Month MARCH Day 8 Year 1968
Place of Birth (State or foreign country): HENDRICKS COUNTY, IN.
Residence Address: Street or R.R. 118 HANLEY ST, City PLAINFIELD, County, State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Denise Marie Tabler Date 4/21/93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Denise Marie Tabler
New Address SAME
Subscribed and sworn to before me this 21st day of April, 19 93
Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 154

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated
Name of Physician David Wilmot

MALE APPLICANT

Name: First James Middle Christopher Last Ward
Date of Birth: Month 5 Day 5 Year 62
Place of Birth (State or foreign country) Vincennes In.
Residence Address: Street or R.R. 114 E. College Ave, City Brownsburg, County, State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of applicant's father Charles William Ward
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Lucille Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James C Ward Date 4-21-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James C. Ward
New Address 117. S. Green ST. Brownsburg, IN.
Subscribed and sworn to before me this 21st day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Mary Middle Elizabeth Last Robison
Date of Birth: Month January Day 17, Year 1960
Place of Birth (State or foreign country) Chicago Heights, Cook Co. Ill.
Residence Address: Street or R.R. 117 S. Green St, City Brownsburg, County, State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Carl H. Robison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tinley Park. Il.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Wilhelmina Gosior
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mitchell In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mary E. Robison Date 4-21-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Mary E Robison
New Address SAME
Subscribed and sworn to before me this 21 day of April, 19 93.
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-21-93 *, authorizing the marriage of* JAMES CHRISTOPHER WARD *and* MARY ELIZABETH ROBISON *. I further certify that the following marriage certificate was filed in my office: I,* REV. STEPHEN B. BRADEN *(name), certify that on* MAY 1, 1993 *(date), at* MITCHELL *in* LAWRENCE *County, Indiana,* JAMES CHRISTOPHER WARD *of* HENDRICKS *County* IN *(state), and* MARY ELIZABETH ROBISON *of* HENDRICKS *County* IN *(state) were 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 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 ☐
If No, Medical Examination or Report Dated 3-12-93
Name of Physician D. Renee Campbell M.D.

MALE APPLICANT

Name: First Mark Middle Judson Last Miller

Date of Birth: Month 10 Day 25 Year 59

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

Residence Address: Street or R.R. 1191 N. Lincoln Apt B-4 City Hend. County Danville State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Shawn Miller 9 yrs.
   Markie Miller 6 yrs.
6. (a) Full name of applicant's father Judson G. Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol E. Price
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Mark L. Miller Date 4-21-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Mark L. Miller
New Address Same

Subscribed and sworn to before me this 21st day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Shawn Middle Maureen Last Bolen

Date of Birth: Month 12 Day 17 Year 57

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

Residence Address: Street or R.R. 1191 W. Lincoln Apt B-4 City Hendricks County Danville State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Clint Bolen 13 yrs.
   Andrea Bolen 11 yrs.
6. (a) Full name of applicant's father Norman Keith Malone
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Mae Kellogg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Shawn M. Bolen Date 4/21/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Shawn M. Bolen
New Address Same

Subscribed and sworn to before me this 21st day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-21-93 *, authorizing the marriage of* 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), at* DANVILLE *in* HENDRICKS *County, Indiana,* MARK JUDSON MILLER *of* HENDRICKS *County* IN *(state), and* SHAWN MAUREEN BOLEN *of* HENDRICKS *County* IN *(state) were 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/ 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 156

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
Name of Physician D. Black, M.D.

MALE APPLICANT

Name: First Lev Middle Aaron Last Garland

Date of Birth: Month 11 Day 13 Year 59

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

Residence Address: Street or R.R. PO Box 105 City Liston County In (Hend) State

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1992

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

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

6. (a) Full name of applicant's father Elmer U. Garland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lois Lee Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

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

Signature of Applicant Lev A. Garland Date 4-22 93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Lev A. Garland

New Address Rt# 1 Box 93-A Jamestown, In (Hendr)

Subscribed and sworn to before me this 22nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Layne

Date of Birth: Month 12 Day 4 Year 63

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

Residence Address: Street or R.R. Rt 1 Box 93-A City Jamestown County Hend. State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

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

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

6. (a) Full name of applicant's father James to. Joseph
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Liston In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helma J. Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Liston, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Pamela K Layne Date 4-22-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Pamela K Layne

New Address Same

Subscribed and sworn to before me this 22nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-93 *, authorizing the marriage of* LEV AARON GARLAND *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 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* LEV AARON GARLAND *of* HENDRICKS *County* IN *(state), and* PAMELA KAY LAYNE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-22-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 157

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

MALE APPLICANT

Name First: Matthew Middle: Scott Last: Quilliam

Date of Birth Month: 4 Day: 20 Year: 73

Place of Birth (State or foreign country): Brazil Indiana

Residence Address: 890 Ridgewood Dr. Apt 205-D Street or R.R. Hend. City Plainfield County IN State

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Matth S Quilliam Date 4-22-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Matth S Quilliam

New Address Same

Subscribed and sworn to before me this 22nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First: Andrea Middle: Louise Last: Green

Date of Birth Month: 1 Day: 2 Year: 70

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

Residence Address: 890 Ridgewood Dr. apt 205-D Street or R.R. Plainfield City Hend. County IN State

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Andrea L Green Date 4-22-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Andrea L Green

New Address Same

Subscribed and sworn to before me this 22nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-23-93, *authorizing the marriage of* MATTHEW SCOTT QUILLIAM *and* ANDREA LOUISE GREEN. *I further certify that the following marriage certificate was filed in my office: I,* RICHARD CLEVENGER *(name), certify that on* MAY 27, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MATTHEW SCOTT QUILLIAM *of* HENDRICKS *County* IN *(state), and* ANDREA LOUISE GREEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-27-93. *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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 158

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

MALE APPLICANT

Name: First Kent Middle [illegible] Last Fanning

Date of Birth: Month 12 Day 1 Year 58 — 12-1-58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 110 East City Vermont County Hend State Brownsburg

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

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

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

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

6. (a) Full name of applicant's father Clarence P Fanning
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Janice Lee Clawson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant x Mitchell Kent Fanning Date 4/22/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Mitchell Kent Fanning
New Address Same as above

Subscribed and sworn to before me this 22 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Kathy Middle Louise Last Davis

Date of Birth: Month 7 Day 10 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 118 Rockshire Dr Apt D City Marion County State Indpls, IN

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

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

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

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

6. (a) Full name of applicant's father Daniel Edward Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) FL
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Carol Ann Loux
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant x Kathy Louise Davis Date 4/22/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Kathy Louise Davis
New Address 110 East Vermont Brownsburg

Subscribed and sworn to before me this 22 day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-93 *, authorizing the marriage of* MITCHELL KENT FANNING *and* KATHY LOUISE DAVIS *. I further certify that the following marriage certificate was filed in my office: I,* GARY A. DWORAK *(name), certify that on* MAY 8, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MITCHELL KENT FANNING *of* HENDRICKS *County* IN *(state), and* KATHY LOUISE DAVIS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-22-93 *. Signed by:* /s/ GARY A. DWORAK *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 159

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 ☐ 3-22-93
If No, Medical Examination or Report Dated
Name of Physician Dr. James Block, M.D.

MALE APPLICANT

Name: First William Middle Wilford Last Mann
Date of Birth: Month 7 Day 6 Year 48
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1621 De Soto Ln City Speedway County Marion State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William Wilford Mann Date 4/22/93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed William Wilford Mann
New Address 1621 DeSoto Ln
Subscribed and sworn to before me this 22nd day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Barbara Middle Lynn Last Johnston
Date of Birth: Month 9 Day 28 Year 44
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. Rt #1 Box 232 City Pittsboro County Hend State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Barbara L Johnston Date 4-22-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Barbara L Johnston
New Address 1621 DeSoto Lane, Speedway, IN 46224
Subscribed and sworn to before me this 22nd day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-93 *, authorizing the marriage of* WILLIAM WILFORD MANN *and* BARBARA LYNN JOHNSTON *. I further certify that the following marriage certificate was filed in my office: I,* ANDREW P. CREWLEY *(name), certify that on* MAY 22, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* WILLIAM WILFORD MANN *of* MARION *County* IN *(state), and* BARBARA LYNN JOHNSTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-22-93 *. Signed by:* /s/ ANDREW P. CREWLEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 160

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 ☐
If No, Medical Examination or Report Dated 3-22-93
Name of Physician David Hadley, M.D.

MALE APPLICANT

Name: First Gary Middle Dewayne Last Wiggam

Date of Birth: Month 1 Day 19 Year 54

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

Residence Address: Street or R.R. RR 8 Box 44-C City Indianapolis County HEND State In.

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

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

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

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

6. (a) Full name of applicant's father Ray Wiggam
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathleen Randall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant Gary D. Wiggam Date 4/22/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Gary D. Wiggam
New Address same

Subscribed and sworn to before me this 22nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Wheeler Last Chapman

Date of Birth: Month 8 Day 4 Year 58

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

Residence Address: Street or R.R. RR 8 Box 344C City Indianapolis County HEND. State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. David Michael Chapman 13 yrs.

6. (a) Full name of applicant's father James Ronald Wheeler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Lee Bailey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Karen Chapman Date 4/22/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Karen Chapman
New Address same

Subscribed and sworn to before me this 22nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-93, *authorizing the marriage of* GARY DEWAYNE WIGGAM *and* KAREN WHEELER CHAPMAN. *I further certify that the following marriage certificate was filed in my office: I,* JANICE S. CHILEWSKI *(name), certify that on* APRIL 27, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GARY DEWAYNE WIGGAM *of* HENDRICKS *County* IN *(state), and* KAREN WHEELER CHAPMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-22-93. *Signed by:* /s/ JANICE S. CHILEWSKI, CHIEF DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 161

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Brownsburg Medical Clinic

MALE APPLICANT

Name: First Roger Middle Dale Last Bishop

Date of Birth: Month 5 Day 8 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 221 Bridge St. City Mooresville County Morgan State In

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date '82

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Roger D. Bishop Date 4-22-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Roger D Bishop

New Address _____

Subscribed and sworn to before me this 22nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Suzanne Middle - Last McCain

Date of Birth: Month 4 Day 13 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 745 Woodside Dr. City Sldpld. County Hendricks State In.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date '81

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Matthew Michael Neeley, Corey Christopher Neeley
6. (a) Full name of applicant's father Berry McCain, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Janie Cathleen Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) N. Jersey

ACKNOWLEDGMENT

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

Signature of Applicant X Suzanne McCain Date 4/22/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Suzanne McCain

New Address Same

Subscribed and sworn to before me this 22nd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-93 *, authorizing the marriage of* ROGER D. BISHOP *and* SUZANNE McCAIN *. I further certify that the following marriage certificate was filed in my office: I,* GARY L. WOOD *(name), certify that on* APRIL 22, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROGER D. BISHOP *of* MORGAN *County* IN *(state), and* SUZANNE McCAIN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-22-93 *. Signed by:* /s/ GARY L. WOOD *,* JUDGE PRO-TEM *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 162

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 ☐
If No, Medical Examination or Report Dated 3-16-93
Name of Physician Greg A. Miller, M.D.

MALE APPLICANT

Name First Stephen Middle Alan Last Hoy

Date of Birth Month 7 Day 4 Year 69

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

Residence Address 7809 Street or R.R. Janel Dr. City Indpls. County MARION State In.

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Stephen A. Hoy 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Stephen A. Hoy
New Address same

Subscribed and sworn to before me this 23rd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First Bonnie Middle Jean Last Gregory

Date of Birth Month 2 Day 12 Year 72

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

Residence Address 2572 Street or R.R. Baker Ct. City Brownsburg County HENDRICKS State In.

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Bonnie J. Gregory 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Bonnie J. Gregory
New Address 7809 Janel Dr Indpls. In

Subscribed and sworn to before me this 23rd day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-23-93 *, authorizing the marriage of* STEPHEN ALAN HOY *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 *in* HENDRICKS *County, Indiana,* STEPHEN ALAN HOY *of* MARION *County* IN *(state), and* BONNIE JEAN GREGORY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-93 *. Signed by:* /s/ REV. F. JAMES BARNES *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 163

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 ☐
If No, Medical Examination or Report Dated 3-2-93
Name of Physician Karen Johnson, M.D.

MALE APPLICANT

Name: First Daniel Middle Lee Last Trenum

Date of Birth: Month 9 Day 30 Year 59

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

Residence Address: Street or R.R. 516 S. Sunnybrook Dr. City Brownsburg, In. County HEND. State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nathaniel Lee Trenum 10 yrs.
   Jennifer Marie Trenum 8 yrs.
   Christina Renee Trenum 5 yrs
6. (a) Full name of applicant's father David Vernon Trenum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clarenat, In.
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Mary Magdaline Hines
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clarenat, In.
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

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

Signature of Applicant Daniel L Trenum 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Daniel L Trenum
New Address same

Subscribed and sworn to before me this 23rd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Stacy Middle Jo Last Mann

Date of Birth: Month 9 Day 23 Year 66

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

Residence Address: Street or R.R. 5536 Oleander Ave. City Marn Inapls. County State In.

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Stacy J Mann 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Stacy J Mann
New Address 516 S Sunnybrook Drive

Subscribed and sworn to before me this 23rd day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-23-93 *, authorizing the marriage of* DANIEL LEE TRENUM *and* STACY JO MANN *. I further certify that the following marriage certificate was filed in my office: I,* JOHN E. NOEL *(name), certify that on* APRIL 24, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DANIEL LEE TRENUM *of* HENDRICKS *County* IN *(state), and* STACY JO MANN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-24-93 *. Signed by:* /s/ JOHN E. NOEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 164

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 ☐
If No, Medical Examination or Report Dated 4-8-93
Name of Physician Michael Boothe, M.D.

MALE APPLICANT

Name: First Carl Middle Eugene Last Johnson
Date of Birth: Month 12 Day 28 Year 66
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 5935 E 150 N City Danville County Hend. State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Carl E. Johnson
New Address Same
Subscribed and sworn to before me this 23 day of 4, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kimberly Middle Lynn Last Henderson
Date of Birth: Month 12 Day 22 Year 70
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 5935 E 150 N City Danville County Hend., State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

ACKNOWLEDGMENT

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kimberly Lynn Henderson
New Address 2241 Ash Addition
Subscribed and sworn to before me this 23 day of 4, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-23-93 *, authorizing the marriage of* CARL EUGENE JOHNSON *and* KIMBERLY LYNN HENDERSON *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* APRIL 23, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____ *(state), and* _____

CARL EUGENE JOHNSON *of* HENDRICKS *County* IN *(state) were married by me as authorized*

KIMBERLY LYNN HENDERSON *of* HENDRICKS *County* IN *(state) were married by me as authorized*

under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-23-93 .
Signed by: /s/ CYNTHIA J. SPENCE , 1ST DEPUTY CLERK *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 4-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 165

HENDRICKS County

File

4-26-93 Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Planned Parenthood Akron Clinic

MALE APPLICANT

Name: First Paul Middle Brian Last Stevens

Date of Birth: Month 4 Day 7 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 10929 Rockville Rd Lot 50 City Indpls. County State IN

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Date 12-89'

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Autum Kincaid
   Lukas Brian Stevens
6. (a) Full name of applicant's father Harry Wm Stevens Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Terry Lou Woods
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant x Paul Stevens Date 04/26/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed x Paul Stevens

New Address _____

Subscribed and sworn to before me this 26 day of April, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Zoe Middle Ann Last Hartleroad

Date of Birth: Month 8 Day 18 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same City County State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lukas Brian Stevens
6. (a) Full name of applicant's father Devon E. Hartleroad
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased-Deceased
   Birthplace of father (State or foreign country) IN ?
   (b) Full maiden name of applicant's mother ~~Brenda~~ K. Ogden Marcia
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls Ind
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant x Zoe Hartleroad Date 4/26/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed x Zoe Hartleroad

New Address _____

Subscribed and sworn to before me this 26 day of April, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-93 *, authorizing the marriage of* PAUL BRIAN STEVENS *and* ZOE ANN HARTLEROAD *. I further certify that the following marriage certificate was filed in my office: I,* M BERT KITE *(name), certify that on* MAY 8, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* PAUL BRIAN STEVENS *of* HENDRICKS *County* IN *(state), and* ZOE ANN HARTLEROAD *of* HENDRICKS *County* IN *(state) were 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, SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 166

HENDRICKS County

File

4-27-93
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 ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First John Middle F. Last Hauff
Date of Birth: Month 12 Day 23 Year 41
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 9303 Golf View Dr. City Hend. County Brownsburg State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1979
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of applicant's father John F. Hauff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gertha L. Grady
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant John F. Hauff Date 4-27-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed John F. Hauff
New Address Same
Subscribed and sworn to before me this 27th day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First N. Middle Louise Last Craig
Date of Birth: Month 10 Day 14 Year 42
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 9303 Golf View Dr. City Hend. County Brownsburg State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1986
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of applicant's father Asahel Ralph Gwinn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Theresa Mae Gardner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant N. Louise Craig Date 4-27-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed N. Louise Craig
New Address Same
Subscribed and sworn to before me this 27th day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-27-93 *, authorizing the marriage of* JOHN F. HAUFF *and* N. LOUISE CRAIG *. I further certify that the following marriage certificate was filed in my office: I,* LEON L. NICHOLSEN *(name), certify that on* MAY 14, 1993 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* JOHN F. LAUFF *of* HENDRICKS *County* IN *(state), and* N. LOUISE GRAIG *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-27-93 *. Signed by:* /s/ LEON L. NICHOLSEN *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 167

HENDRICKS County

File

4-28-93
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 4-13-93
Name of Physician L. Burkis, M.D.

MALE APPLICANT

Name: First Brian Middle Keith Last Harper
Date of Birth: Month 6 Day 23 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 5170 Cobblestone Rd City Hend. County Plainfield State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian K Harper Date 42893

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brian K Harper
New Address 6307 Hanks DR Indpls
Subscribed and sworn to before me this 28th day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sheridan Middle ann Last Eden
Date of Birth: Month 3 Day 20 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 6307 Hanks Dr. City Indpls. County Marion State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sheridan A. Eden Date 4.28.93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sheridan A. Eden
New Address same.
Subscribed and sworn to before me this 28th day of April, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-28-93 *, authorizing the marriage of* BRIAN KEITH HARPER *and* SHERIDAN ANN EDEN *. I further certify that the following marriage certificate was filed in my office: I,* DAVID BERTHOLD *(name), certify that on* MAY 1, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* BRIAN KEITH HARPER *of* HENDRICKS *County* IN *(state), and* SHERIDAN ANN EDEN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-28-93 *. Signed by:* /s/ DAVID BERTHOLD *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 168

HENDRICKS County

File

4-28-93 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 5-6-93
Name of Physician R. Dunell, M.D.

MALE APPLICANT

Name: First Edward Middle Lee Last Freitag

Date of Birth: Month 9 Day 10 Year 58

Place of Birth (State or foreign country) Liverpool England

Residence Address: Street or R.R. 5117 Fairway Dr. City Hend. County Plainfield State In.

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

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

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

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

6. (a) Full name of applicant's father Henry Edwin Freitag
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of applicant's mother Rene Cunningham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Liverpool, Eng.

ACKNOWLEDGMENT

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

Signature of Applicant Edward L. Freitag Date 4-28-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Edward L. Freitag
New Address SAME

Subscribed and sworn to before me this 28th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Tracy Middle Darlene Last Faulk

Date of Birth: Month 4 Day 1 Year 65

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

Residence Address: Street or R.R. 5117 Fairway Dr. City Hend. County Plainfield State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   John David Lacy 11 yrs.
   Sara Danielle Lacy 10 yrs.

6. (a) Full name of applicant's father John David Faulk
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Palestine, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eva Amelia Palmer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Tracy D. Faulk Date 4/28/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Tracy D. Faulk
New Address SAME

Subscribed and sworn to before me this 28th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-93 *, authorizing the marriage of* EDWARD LEE FREITAG *and* TRACY DARLENE FAULK *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES R. CRUSE *(name), certify that on* MAY 15, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* EDWARD LEE TREITAG *of* HENDRICKS *County* IN *(state), and* TRACY DARLENE FAULK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-6-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 169

File

4-29-93
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 ☐ 4-26-93
If No, Medical Examination or Report Dated
Name of Physician L. Lovell, M.D.

MALE APPLICANT

Name: First Myron Middle Andrew Last Miller

Date of Birth: Month 7 Day 15 Year 65

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

Residence Address: Street or R.R. 2123 S. Danberry Dr. City Indpls. County State In.

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

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

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

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

6. (a) Full name of applicant's father Ralph Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Delores O'Neill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dayville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Myron Miller Date 4/29/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Myron Miller

New Address Same

Subscribed and sworn to before me this 29th day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Lynn Middle Marie Last Rohrer

Date of Birth: Month 9 Day 23 Year 64

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

Residence Address: Street or R.R. 413 Lisa Ln. City Hend. County Plainfield State In.

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

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Lynn M Rohrer Date 4/29/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Lynn M Rohrer

New Address 2123 Danbury Dr INDPS, IN

Subscribed and sworn to before me this 29th day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* April 29, 1993 *, authorizing the marriage of* Myron Andrew Miller *and* Lynn Marie Rohrer *. I further certify that the following marriage certificate was filed in my office: I,* Carl Akard Riley *(name), certify that on* May 15, 1993 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Myron Andrew Miller *of* Marion *County* IN *(state), and* ~~Lynn Marie Rohrer~~ *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* April 29,1993
Signed by: /s/ Carl Akard Riley *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 170

HENDRICKS County

File 4-29-93 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 ☐ 4-14-93
If No, Medical Examination or Report Dated
Name of Physician Thomas Jones M.D.

MALE APPLICANT

Name First Christopher Middle Michael Last Feuquay

Date of Birth Month 2 Day 5 Year 74

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

Residence Address Street or R.R. 302 S. Wayne St. City Danville County Hend. State In.

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

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

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

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

6. (a) Full name of applicant's father Jerry Lee Feuquay
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Centerville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Kay Stevens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Pamela Middle Joanne Last Kirkham

Date of Birth Month 2 Day 26 Year 75

Place of Birth (State or foreign country) San Antonio, Tx.

Residence Address Street or R.R. RR 1 Box 55 City Poland County Owen State In.

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

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

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

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

6. (a) Full name of applicant's father Russell Dean Kirkham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Roland, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Peggy Ann Lett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Poland, In.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

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

Signature of Applicant Christopher M. Feuquay Date 4-29-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Christopher M. Feuquay

New Address _____

Subscribed and sworn to before me this 29th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Pamela J. Kirkham Date 4-29-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Pamela J. Kirkham

New Address _____

Subscribed and sworn to before me this 29th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-29-93 *, authorizing the marriage of* CHRISTOPHER MICHAEL FEUQUAY *and* PAMELA JOANNE KIRKHAM *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT STEVEN RICH *(name), certify that on* MAY 8, 1993 *(date), at* HAZELWOOD *in* HENDRICKS *County, Indiana,* CHRISTOPHER MICHAEL FEUQUAY *of* HENDRICKS *County* IN *(state), and* PAMELA JOANNE KIRKHAM *of* OWEN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-29-93 *. Signed by:* /s/ ROBERT STEVEN RICH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 171

File

4-30-93
Date of Application

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

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

MALE APPLICANT	FEMALE APPLICANT
Name: First Willard Middle Marion Last Shannon	Name: First Betty Middle J. Last Massey
Date of Birth: Month 3 Day 18 Year 25	Date of Birth: Month 5 Day 27 Year 28
Place of Birth (State or foreign country): Indianapolis, In.	Place of Birth (State or foreign country): Monticella, Ky.
Residence Address: 3428 Little Ranch Rd Ladson (Charleston) S.C. 29456	Residence Address: 42 Cedar Run Dr. Hend 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 1992	Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1984
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.	Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ 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 Willard Carbel Shannon	6. (a) Full name of applicant's father Elmer E. Crabtree
(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) Deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Tenn.
(b) Full maiden name of applicant's mother Mary Marie Vestal	(b) Full maiden name of applicant's mother Lala Gustava McCutcheon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Deceased	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant Willard M. Shannon Date 4-30-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Willard M. Shannon
New Address SAME

Subscribed and sworn to before me this 30th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Betty J. Massey Date 4-30-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Betty J. Massey
New Address 3428 Little Ranch Rd. Ladson, S.C.

Subscribed and sworn to before me this 30th day of April, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-30-93 *, authorizing the marriage of* WILLARD MARION SHANNON *and* BETTY J. MASSY *. I further certify that the following marriage certificate was filed in my office: I,* REV. M. S. LANE *(name), certify that on* MAY 1, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* WILLARD MARION SHANNON *of* CHARLESTON *County* S. CAR. *(state), and* BETTY J. MASSY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-1-93 *. Signed by:* /s/ REV. M. S. LANE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 172

HENDRICKS County

File

4-30-93
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-10-92
Name of Physician J. Fasch, M.D.

MALE APPLICANT

Name First Richard Middle E. Last Long

Date of Birth Month 10 Day 28 Year 43

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

Residence Address Street or R.R. 1757 Centurion Pkwy City Indpls. County State In

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

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

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

6. (a) Full name of applicant's father Richard E. Long
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Maryalice Robbins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Logansport, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Richard E Long Date 4-30-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Richard E Long

New Address P.O. BOX 244, CLAYTON, IN

Subscribed and sworn to before me this 30th day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First Deborah Middle Ann Last Stark

Date of Birth Month 9 Day 19 Year 52

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

Residence Address Street or R.R. P O Box 244 City Clayton County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

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

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

6. (a) Full name of applicant's father Frank Winsted Grant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cloverdale, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Loretta Marie Coker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cloverdale, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Deborah Stark Date 4-30-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Deborah Stark

New Address Same

Subscribed and sworn to before me this 30th day of April, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* April 30, 1993 *, authorizing the marriage of* Richard E. Long *and* Deborah Ann Stark *. I further certify that the following marriage certificate was filed in my office: I,* Ray Cornett *(name), certify that on* June 4, 1993 *(date), at* Martinsville *in* Morgan *County, Indiana,* Richard E. Long *of* Marion *County* IN *(state), and* Deborah Ann Stark *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* April 30, 1993 *Signed by:* /s/ Ray Cornett *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 10, 1993 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173

File

5-3-93 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 Wm. Edwards, M.D.

MALE APPLICANT

Name: First Richard Middle Willis Last Schwartz

Date of Birth: Month 9 Day 7 Year 47

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 6117 Gregory Dr. City Marion County Indianapolis State In 46241

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

6. (a) Full name of applicant's father Henry A. Schwartz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Audrey Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Richard Willis Schwartz Date 5-3-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed ☒ Richard Willis Schwartz
New Address R.R. 1, Box 237, Clayton, In 46118

Subscribed and sworn to before me this 3 day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sheila Middle Ann Last Tresner

Date of Birth: Month 12 Day 11 Year 1946

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. R.R. 1, Box 237 City Clayton County Hendricks State Indiana 46118

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

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

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nicole Tresner 18
   Valerie Tresner 13

6. (a) Full name of applicant's father James R. Hamilton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruth A. Doll
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Sheila Ann Tresner Date 5-3-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed ☒ Sheila Ann Tresner
New Address Same as Above

Subscribed and sworn to before me this 3 day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-3-93 *, authorizing the marriage of* RICHARD WILLIS SCHWARTZ *and* SHEILA ANN TRESNER *. I further certify that the following marriage certificate was filed in my office: I,* R. BRADLEY MILLER *(name), certify that on* MAY 22, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* RICHARD WILLIS SCHWARTZ *of* HENDRICKS *County* IN *(state), and* SHEILA ANN TRESNER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-3-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 174

HENDRICKS County

File 5-3-93 Date of Application

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

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

MALE APPLICANT

Name: First Christopher Middle Clarke Last Schicker

Date of Birth: Month 3 Day 2 Year 71

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. 226 A North Point Ave. City High Point County State NC

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Norman Clarke Schicker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NC
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Linda Moore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

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

X Signature of Applicant Christopher C. Schicker Date 5/3/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Christopher C. Schicker
New Address SAME

Subscribed and sworn to before me this 3rd day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Michele Last Mervar

Date of Birth: Month 5 Day 11 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1355 Red Oak Dr. City Danville County State IN

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

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

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant Lori M. Mervar 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Lori M. Mervar
New Address 226 A Northpoint AVE High Point, NC

Subscribed and sworn to before me this 3rd day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-3-93 *, authorizing the marriage of* CHRISTOPHER CLARKE SCHICKER *and* LORI MICHELE MERVAR *. 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), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHRISTOPHER C. SCHICKER *of* GUILFORD *County* NORTH CAROLINA *(state), and* LORI M. MERVAR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-3-93 *. Signed by:* /s/ REV. JOSEPH F. SCHAEDEL ROMAN CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-1-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 175

HENDRICKS County

File

5-3-93
Date of Application

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

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

MALE APPLICANT

Name: First Christopher Middle Jason Last Dominguez

Date of Birth: Month 2 Day 20 Year 73

Place of Birth (State or foreign country) New Mexico

Residence Address: Street or R.R. 46 Henderson Dr. City, B'burg County State IN

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

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

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

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

6. (a) Full name of applicant's father Christopher ~~Jason~~ Dominguez
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) New Mexico
   (b) Full maiden name of applicant's mother Karen A. Kemp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alber. New Mexico
   Birthplace of mother (State or foreign country) New Mexico

ACKNOWLEDGMENT

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

Signature of Applicant X [signature] Date 5-3-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed X [signature]
New Address Same

Subscribed and sworn to before me this 3 day of May, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

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

FEMALE APPLICANT

Name: First Peggy Middle Jean Last Cherry

Date of Birth: Month 11 Day 19 Year 74

Place of Birth (State or foreign country) New Mexico

Residence Address: Street or R.R. 46 Henderson Dr. City B'burg County State IN

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

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

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

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

6. (a) Full name of applicant's father Robert W. Cherry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Winterhaven FL
   Birthplace of father (State or foreign country) New Mexico
   (b) Full maiden name of applicant's mother Lisa C. Heinlein
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGMENT

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

Signature of Applicant X Peggy J. Cherry Date 5-3-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed X Peggy J. Cherry
New Address —

Subscribed and sworn to before me this 3 day of May, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-3-93 *, authorizing the marriage of* CHRISTOPHER J. DOMINGUEZ *and* PEGGY J. CHERRY *. I further certify that the following marriage certificate was filed in my office: I,* JOHN HESSELDENZ *(name), certify that on* MAY 7, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHRISTOPHER J. DOMINGUEZ *of* HENDRICKS *County* IN *(state), and* PEGGY J. CHERRY *of* HENDRICKS *County* IN *(state) were 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 3, 1993 *. Signed by:* /s/ JOHN HESSELDENZ *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 176

HENDRICKS County

File

5-2-93 Date of Application

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

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

MALE APPLICANT

Name: First Mark Middle Edward Last Fry

Date of Birth: Month 12 Day 25 Year 67

Place of Birth (State or foreign country) Greensburg In Decatur Co.

Residence Address: Street or R.R. 1584 Holly Dr City Plfd County Hendricks State In

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

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

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

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

6. (a) Full name of applicant's father Edward Francis Fry.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) R#2 Greensburg In
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Diane Magnalena Myer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

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

Signature of Applicant Mark E. Fry Date 5-3-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Mark E Fry
New Address 1584 Holly Dr.

Subscribed and sworn to before me this 3rd day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Anita Middle Kay Last Stier

Date of Birth: Month 2 Day 24 Year 70

Place of Birth (State or foreign country) Greensburg In Decatur Co

Residence Address: Street or R.R. 1584 Holly Dr City Plfd County Hendricks State Ind

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

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

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

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

6. (a) Full name of applicant's father Gary Edward Stier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Dorothy Frances Gehl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind
   Birthplace of mother (State or foreign country) OH.

ACKNOWLEDGMENT

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

Signature of Applicant Anita K. Stier Date 5/3/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Anita K Stier
New Address 1584 Holly DR.

Subscribed and sworn to before me this 3 day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 3, 1993 *, authorizing the marriage of* Mark Edward Fry *and* Anita Kay Stier *. I further certify that the following marriage certificate was filed in my office: I,* Fr. Joseph Rautenberg *(name), certify that on* May 29, 1993 *(date), at* Napoleon *in* Ripley *County, Indiana,* Mark Edward Fry *of* Hendricks *County* IN *(state), and* Anita Kay Stier *of* Hendricks *County* IN *(state) were 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 3, 1993 *Signed by:* /s/ Fr. Joseph F. Rautenberg *,* R. C. Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 7, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 177

HENDRICKS County

File

5-3-93
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 5-11-93
Name of Physician Don DuBois, M.D.

MALE APPLICANT

Name: First Brian Middle Keith Last Legg

Date of Birth: Month 1 Day 7 Year 68

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

Residence Address: Street or R.R. 6196 E. Vermont Pl. S. City Marion County Indpls. State In.

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

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

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian K Legg Date 5-3-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brian K. Legg
New Address SAME
Subscribed and sworn to before me this 3rd day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Karyn Middle Kae Last Colón

Date of Birth: Month 7 Day 20 Year 72

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

Residence Address: Street or R.R. 6240 Quail Ridge W. Dr. City Plainfield County Hend. State In.

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

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

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karyn K. Colón Date 5-5-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Karyn K. Colón
New Address 6196 E. Vermont Pl. #S Indpls. IN
Subscribed and sworn to before me this 3rd day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-11-93 *, authorizing the marriage of* BRIAN KEITH LEGG *and* KARYN KAE COLON *. I further certify that the following marriage certificate was filed in my office: I,* JOHN CALDWELL *(name), certify that on* MAY 22, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* BRIAN KEITH LEGG *of* HENDRICKS *County* IN *(state), and* KAREN KAE COLON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-11-93 *. Signed by:* /s/ JOHN CALDWELL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 178

HENDRICKS County

File

5-4-93
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 ☐ 5-4-93
If No, Medical Examination or Report Dated
Name of Physician Brent Gentures (?) Bainbridge, In.

MALE APPLICANT

Name: First John Middle Norman Last Jatho

Date of Birth: Month 5 Day 28 Year 57

Place of Birth (State or foreign country) Albany, N. Y.

Residence Address: Street or R.R. 628-A Lakeside Dr. City Plainfield County Hend. State In.

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

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

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

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

6. (a) Full name of applicant's father John Ray Jatho
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) St. Myers, Fla.
Birthplace of father (State or foreign country) Missouri
(b) Full maiden name of applicant's mother Ann B Stanfield
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) St. Myers, Fla.
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 John Jatho Date 5-4-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed John Jatho
New Address Same as above

Subscribed and sworn to before me this 4th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Regina Middle Gay Last Abney

Date of Birth: Month 11 Day 19 Year 69

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

Residence Address: Street or R.R. 628-A Lakeside Dr. City Plainfield County Hend. State In.

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

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

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

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

6. (a) Full name of applicant's father Stephen Allen Abney
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Logansport, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Joyce Elaine Robinson
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Plainfield, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Regina D Abney Date 5/4/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Regina D Abney
New Address Same

Subscribed and sworn to before me this 4th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-4-93 *, authorizing the marriage of* JOHN NORMAN JATHO *and* REGINA GAY ABNEY *. I further certify that the following marriage certificate was filed in my office: I,* JAMES D. SPENCER *(name), certify that on* MAY 21, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* _____ JOHN NORMAN JATHO *of* HENDRICKS *County* IN *(state), and* _____ REGINA GAY ABNEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-4-93 *. Signed by:* /s/ JAMES D. SPENCE PLAINFIELD TOWN COURT JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 179

HENDRICKS County

File

5-4-93
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 4-30-93
Name of Physician C Hills, M.D.

MALE APPLICANT

Name: First Dee Wayne Middle Last Taylor
Date of Birth: Month 1 Day 17 Year 69
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 6602 E. US 36 City Danville County (Hend) State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dee Wayne Taylor Date 5-4-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dee Wayne Taylor
New Address _____
Subscribed and sworn to before me this 4th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jennifer Middle Ann Last Chaney
Date of Birth: Month 5 Day 23 Year 71
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 2547 Six Points Rd. City Hend. County Indpls. State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer A. Chaney Date 5-4-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer A. Chaney
New Address _____
Subscribed and sworn to before me this 4th day of May 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *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 *County* IN *(state), and* Jennifer Ann Chaney *of* Hendricks *County* IN *(state) were 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 4, 1993. *Signed by:* /s/ Rolland G. Pfile *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 8, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 180

HENDRICKS County

File

5-5-93
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 ☐ 4-20-93
If No, Medical Examination or Report Dated
Name of Physician R. Clark, M.D.

MALE APPLICANT

Name: First Ovean Middle Billy Last Henderson III

Date of Birth: Month 11 Day 16 Year 66

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

Residence Address: Street or R.R. Po Bay 323 City Hend. County Clayton State In

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

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

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

6. (a) Full name of applicant's father Ovean B. Henderson Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brenbridge In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Elaine Sue Wentworth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brenbridge In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Ovean Billy Henderson III Date 5-5-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Ovean Billy Henderson III
New Address (SAME)

Subscribed and sworn to before me this 5th day of May, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Jo Last Strode

Date of Birth: Month 8 Day 18 Year 73

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

Residence Address: Street or R.R. 14 Midland Ct. City Hend. County Danville State In.

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

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

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

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

6. (a) Full name of applicant's father Garry Eldon Strode
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Kay Cline
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Amy Jo Strode Date 5/5/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Amy Jo Strode
New Address P.O. Box 323 CLAYTON, IN

Subscribed and sworn to before me this 5th day of May, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-5-93 *, authorizing the marriage of* OVEAN BILLY HENDERSON III *and* AMY JO STRODE *. I further certify that the following marriage certificate was filed in my office: I,* PHILLIP BILYEU *(name), certify that on* MAY 7, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* OVEAN BILLY HENDERSON III *of* HENDRICKS *County* IN *(state), and* AMY JO STRODE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-5-93 *. Signed by:* /s/ REV. PHILLIP BILYEU *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 181

File

5-5-93
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-5-93
Name of Physician Robert Aiello, M.D.

MALE APPLICANT

Name: First James Middle Raleigh Last O'Neil
Date of Birth: Month 5 Day 13 Year 43
Place of Birth (State or foreign country) Columbus Ohio
Residence Address: Street or R.R. 212 Nicole Blvd City Hend. County Indpls. State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James R O'Neil Date 5-5-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James R O'Neil
New Address same
Subscribed and sworn to before me this 5th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Brenda Middle Lou Last Gregg
Date of Birth: Month 7 Day 17 Year 44
Place of Birth (State or foreign country) Stearns, Ky.
Residence Address: Street or R.R. 212 Nicole Blvd City Hend. County Indianapolis State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brenda L. Gregg Date 5/5/93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brenda L. Gregg
New Address same
Subscribed and sworn to before me this 5th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 5, 1993 *, authorizing the marriage of* James Raleigh O'Neil *and* Brenda Lou Gregg *. 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), at* Danville *in* Hendricks *County, Indiana,* James Raleigh O'Neil *of* Hendricks *County* IN *(state), and* Brenda Lou Gregg *of* Hendricks *County* IN *(state) were 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 5, 1993
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 June 7, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 182

File

5-6-93
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 5-3-93
Name of Physician David Hadley, MD

MALE APPLICANT

Name: First Michael, Middle William, Last Canfield
Date of Birth: Month 1, Day 24, Year 66
Place of Birth (State or foreign country): Kansas City Mo.
Residence Address: Street or R.R. 13320 W. 109th, City Lenexa, County Johnson, State Ks.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 05-06-93

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

State of Indiana)
County of HENDRICKS)
ss: 512-80-3353
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address SAME
Subscribed and sworn to before me this 6th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Lori, Middle Lynn, Last Lael
Date of Birth: Month 8, Day 24, Year 67
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 445 Wiltshire Dr., City Dead, County Brownsburg, State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lori L. Lael Date 5-6-93

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

State of Indiana)
County of HENDRICKS)
ss: 315-84-8986
I swear/affirm that the information given in this application is true and correct.
Signed Lori Lael
New Address 13320 W. 109th St. Lenexa KS
Subscribed and sworn to before me this 6th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-93 *, authorizing the marriage of* MICHAEL WILLIAM CANFIELD *and* LORI LYNN LAEL *. I further certify that the following marriage certificate was filed in my office: I,* REV. ANN E.P. McELLIGOTT *(name), certify that on* MAY 8, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MICHAEL WILLIAM CANFIELD *of* JOHNSON *County* IN *(state), and* LORI LYNN LAEL *of* HENDRICKS *County* UB *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-6-93 *. Signed by:* /s/ REV. ANN E.P. McELLIGOTT *,* ASSOCIATE RECTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 183

File

5-6-93
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. Floyd.

MALE APPLICANT

Name: First Randel Middle L. Last Warriner

Date of Birth: Month 2 Day 9 Year 53

Place of Birth (State or foreign country): Indiana

Residence Address: 2820 E. 100 N Street or R.R. Danville City County State IN

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

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

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant Randel L. Warriner Date 8-27-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Randel L. Warriner
New Address _____

Subscribed and sworn to before me this 27th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Delaine Middle L. Last Derbyshire

Date of Birth: Month 1 Day 24 Year 61

Place of Birth (State or foreign country): Indiana

Residence Address: 2820 N 100 N Street or R.R. Danville City IN County State

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

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

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant Delaine L. Derbyshire Date 8-30-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Delaine L. Derbyshire
New Address _____

Subscribed and sworn to before me this 30th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-93, *authorizing the marriage of* RANDEL L. WARRINER *and* DELAINE L. DERBYSHIRE. *I further certify that the following marriage certificate was filed in my office: I,* LARRY M. HAMM *(name), certify that on* MAY 8, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RANDEL L. WARRINER *of* HENDRICKS *County* IN *(state), and* DELAINE L. DERBYSHIRE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-6-93. *Signed by:* /s/ LARRY M. HAMM, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 184

File

5-6-93
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 5-6-93
Name of Physician D. Haggard, M.D.

MALE APPLICANT

Name: First Devon Middle Ray Last Lawson
Date of Birth: Month 11 Day 23 Year 69
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 4489 W 300 S City Hend. County Danville, In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Devon R. Lawson Date 5-6-93

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

State of Indiana)
County of HENDRICKS) ss:
Signed Devon R. Lawson
New Address P.O. Box 70 Clayton IN 46118
Subscribed and sworn to before me this 6th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tracy Middle Lee Last Kiger
Date of Birth: Month 3 Day 19 Year 70
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. PO Box 70 City Hend. County Clayton State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tracy Lee Kiger Date 5/6/93

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

State of Indiana)
County of HENDRICKS) ss:
Signed Tracy L. Kiger
New Address Same
Subscribed and sworn to before me this 6th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-93 *, authorizing the marriage of* DEVON RAY LAWSON *and* TRACY LEE KIGER *. I further certify that the following marriage certificate was filed in my office: I,* PASTOR WALTER C. BOLINGER *(name), certify that on* MAY 15, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DEVON RAY LAWSON *of* HENDRICKS *County* IN *(state), and* TRACY LEE KIGER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-6-93 *. Signed by:* /s/ WALTER C. BOLINGER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 185

File

5-6-93
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 5-6-93
Name of Physician Richard Floyd, M.D.

MALE APPLICANT

Name: First Jack Middle Edward Last Shepherd

Date of Birth: Month 6 Day [illegible] Year 55

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

Residence Address: Street or R.R. 725 S. East St. City Wend Plainfield County [illegible] State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Lindsey Shepherd 12yrs. Jack Shepherd Jr. 7yrs. Jennifer Shepherd 6yrs.
6. (a) Full name of applicant's father Jack Shepherd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Betty Lou Kelly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

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

Signature of Applicant Jack E Shepherd Date 5/6/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed same Jack E Shepherd

New Address _____

Subscribed and sworn to before me this 6th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle June Last Gates

Date of Birth: Month 9 Day 16 Year 52

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

Residence Address: Street or R.R. 725 S. East St. City Wend. Plainfield County [illegible] State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kyla Radcliffe 17yrs. Kristen Radcliffe 13yrs; Kasey Radcliffe 11yrs. Amanda Gates 7yrs. Shanna Gates 4yrs.
6. (a) Full name of applicant's father Thurston Cunningham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bope Cove, ~~Ky.~~ Tenn
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Mary Izetta Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Tenn.

ACKNOWLEDGMENT

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

Signature of Applicant Linda J Gates Date 5/6/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Linda J Gates

New Address same

Subscribed and sworn to before me this 6th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 6, 1993 *, authorizing the marriage of* Jack Edward Shepherd *and* Linda June Gates *. I further certify that the following marriage certificate was filed in my office: I,* Michael Conley *(name), certify that on* June 4, 1993 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jack Edward Shepherd *of* Hendricks *County* IN *(state), and* Linda June Gates *of* Hendricks *County* IN *(state) were 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 6, 1993 *Signed by:* /s/ Michael Conley *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 8, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 186

HENDRICKS County

File

5-7-93
Date of Application

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

Female Applicant 50 No ☒ Yes ☐ 5-7-93
If No, Medical Examination or Report Dated
Name of Physician Richard D. Floyd M.D.

MALE APPLICANT

Name: First Benson Middle Grant Last Hinshaw

Date of Birth: Month 6 Day 2 Year 64

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

Residence Address: Street or R.R. 1025 Sugar Grove Rd. City Hend. County Plainfield State In.

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

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

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

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

6. (a) Full name of applicant's father Herman Kermit Hinshaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Juanita Eleanor Burnett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Benson G. Hinshaw Date 5-7-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Benson G. Hinshaw
New Address same

Subscribed and sworn to before me this 7th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Elaine Last McKamey

Date of Birth: Month 2 Day 4 Year 55

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

Residence Address: Street or R.R. 1025 Sugar Grove Rd. City Hend. County Plainfield State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Lindsay McKamey 11 yrs.
   Natalie McKamey 8 yrs.

6. (a) Full name of applicant's father Carl Thomas Todd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vada Ruth Frances Maxwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

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

Signature of Applicant Jennifer E. McKamey Date 5-7-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Jennifer E. McKamey
New Address same

Subscribed and sworn to before me this 7th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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: 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) were 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 187

HENDRICKS County

File

5-7-93
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-19-93
Name of Physician M. Bell, M.D.

MALE APPLICANT

Name: First Damon Middle Joe Last Fritzinger

Date of Birth: Month 10 Day 14 Year 66

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

Residence Address: Street or R.R. PO Box 232 City Coatesville County State In

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

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

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

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

6. (a) Full name of applicant's father Danny Joe Fritzinger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Sue Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Damon J Fritzinger Date 5-7-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Damon J Fritzinger Date 5-7-93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Damon J Fritzinger
New Address Same
Subscribed and sworn to before me this 27th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Angela Middle Corinne Last Adams

Date of Birth: Month 2 Day 12 Year 75

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

Residence Address: Street or R.R. 755 N. Lincoln St. City Danville County Hen State In.

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

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

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

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

6. (a) Full name of applicant's father Roger Lewis Adams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Lee R. Fruits
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Angela Corinne Adams Date May 7, 93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Angela Corinne Adams
New Address PO Box 232 Coatesville, IN 46121
Subscribed and sworn to before me this 27th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 27, 1993 *, authorizing the marriage of* Damon Joe Fritzinger *and* 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 *(date), at* Danville *in* Hendricks *County, Indiana,* Damon Joe Fritzinger *of* Hendricks *County* IN *(state), and* Angela Corinne Adams *of* Hendricks *County* IN *(state) were 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 27, 1993
Signed by: /s/ Kelly Ingersoll *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 14, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 188

HENDRICKS County

File

5-10-93
Date of Application

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

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

MALE APPLICANT

Name: First George Middle Alton Last Broughtplenty

Date of Birth: Month 6 Day 20 Year 44

Place of Birth (State or foreign country) Rapid City. S. Dak.

Residence Address: Street or R.R. 905 B Ridgewood Rd. City Hend. County Plainfield State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

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

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

6. (a) Full name of applicant's father Unknown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fargo. N. Dak.
   Birthplace of father (State or foreign country) So. Dakota
   (b) Full maiden name of applicant's mother Annie Sharpfish
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Rapid City S. Dak.
   Birthplace of mother (State or foreign country) So. Dakota

ACKNOWLEDGMENT

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

Signature of Applicant George A Broughtplenty Date 5-10-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed George A Broughtplenty

New Address SAME

Subscribed and sworn to before me this 10th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Deana Middle Audrey Last Bullard

Date of Birth: Month 11 Day 21 Year 42

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

Residence Address: Street or R.R. 905 B Ridgewood Dr. City Hend. County Plainfield State In.

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

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

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

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

6. (a) Full name of applicant's father Charles Clayton Church, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Sept. W. Va.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Lorraine Eva ~~Robb~~ Riley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Leavenworth, Ks.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Deana Audrey Bullard Date 5-10-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Deana A. Bullard

New Address Same

Subscribed and sworn to before me this 10th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-10-93 *, authorizing the marriage of* GEORGE ALTON BROUGHTPLENTY *and* DIANA AUDREY BULLARD *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MAY 19, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GEORGE ALTON BROUGHTPLENTY *of* HENDRICKS *County* IN *(state), and* DIANA AUDREY BULLARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-19-93 *. Signed by:* /s/ CYNTHIA J. SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 189

File

5-10-93
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-10-93
Name of Physician Richard Hassell, M.D.

MALE APPLICANT

Name: First Jason Middle Todd Last Bemis

Date of Birth: Month 12 Day 28 Year 71

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

Residence Address: 106 N 300 E Street or R.R. Danville City Hen. County In. State

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

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

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

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

6. (a) Full name of applicant's father Michael Dale Bemis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katherine Kay Pickrod
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Miss.

ACKNOWLEDGMENT

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

Signature of Applicant Jason Bemis Date 5-10-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Jason Bemis
New Address 5474 PLEASANT HILL CIR APT. D

Subscribed and sworn to before me this 10th day of May, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Louise Last Cavett

Date of Birth: Month 5 Day 29 Year 73

Place of Birth (State or foreign country) Denver, N. Carolina

Residence Address: 1195 W Lincoln St #D1 Street or R.R. Danville City In. County State

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

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

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

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

6. (a) Full name of applicant's father Robert L. Cavett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Teresa Ann Hyon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Rebecca L. Cavett Date 5/10/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Rebecca L. Cavett
New Address 5474 Pleasant Hill Circle #D

Subscribed and sworn to before me this 10th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 190

HENDRICKS County

File

5-10-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐ 4-27-93
If No, Medical Examination or Report Dated
Name of Physician R. Clark, M.D.

MALE APPLICANT

Name First Terry Middle Ken Last Mounce

Date of Birth Month 10 Day 1 Year 66

Place of Birth (State or foreign country) Somerset, Ky.

Residence Address Street or R.R. 226 Avon Ave. City Heat Plainfield County State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Sherman L Mounce
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Elva Faye Phelps
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   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 Terry Mounce Date 5/10/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Terry Mounce
New Address same

Subscribed and sworn to before me this 10th day of May, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Ann Middle Marie Last Mask Rader

Date of Birth Month 5 Day 12 Year 67

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. 226 Avon Ave. City Heat Plainfield County State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Edwin Royce Rader
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jessie Marlys Hanson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Danville, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ann Marie Mask Rader Date 5-10-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ann Marie Mask Rader
New Address same

Subscribed and sworn to before me this 10th day of May, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-10-93 *, authorizing the marriage of* TERRY KEN MOUNCE *and* ANN MARIE MASK RADER *. I further certify that the following marriage certificate was filed in my office: I,* REV. RAYMOND L. RADER *(name), certify that on* MAY 15, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TERRY KEN MOUNCE *of* HENDRICKS *County* IN *(state), and* ANN MARIE MASK RADER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-15-93 *. Signed by:* /s/ REV. RAYMOND L. RADER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 191

HENDRICKS County

File

5-11-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Leon Middle Albert Last Gottfried

Date of Birth: Month 11 Day 4 Year 25

Place of Birth (State or foreign country): Ames, Iowa

Residence Address: 33 Fairlane Dr. Street or R.R. Brownsburg City Hend. County In State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Samuel Gottfried
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Poland
   (b) Full maiden name of applicant's mother Louise Mirowitz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Poland

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leon A. Gottfried Date 5-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.
Signed Leon A. Gottfried
New Address Same
Subscribed and sworn to before me this 11th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle Darlene Last Lewis

Date of Birth: Month 10 Day 30 Year 48

Place of Birth (State or foreign country): Frankfort, In.

Residence Address: 33 Fairlane Dr. Street or R.R. Hend. City Brownsburg, In. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William Lewis Lashbrook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Frankfort, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Pearl Pickering
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Frankfort In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Linda D. Lewis Date 5-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.
Signed Linda D. Lewis
New Address Same
Subscribed and sworn to before me this 11th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-11-93 *, authorizing the marriage of* LEON ALBERT GOTTFRIED *and* LINDA DARLENE LEWIS *. I further certify that the following marriage certificate was filed in my office: I,* LIBBIE D. STODDARD *(name), certify that on* 6-19-93 *(date), at* BROWNSURG *in* HENDRICKS *County, Indiana,* _____ LEON ALBERT GOTTFRIED *of* HENDRICKS *County* IN *(state), and* _____ LINDA DARLENE LEWIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-19-93 *. Signed by:* /s/ LIBBIE D. STODDARD *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 192

HENDRICKS County

File

5-11-93
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 4-26-93
Name of Physician D. Felker, M.D.

MALE APPLICANT

Name First Robert Middle Fredrick Last Carter

Date of Birth Month 5 Day 21 Year 67

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 1115 Frankie Ct., Street or R.R. Brownsburg City Hend County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert George Carter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Sue Kahre
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 5-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address 7487 Rockleigh Ave. #A Indpls. 46214

Subscribed and sworn to before me this 11th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Myleiah Middle Lynn Last Treat

Date of Birth Month 8 Day 11 Year 67

Place of Birth (State or foreign country) Rushville In.

Residence Address 9481 N 300 E Street or R.R. Morristown City (Shelby) County In State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Matthew Ryan Treat 7 yrs.
6. (a) Full name of applicant's father Ronald K. Boring
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Morristown, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Kay Hunter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Myleiah Treat Date 5/11/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Myleiah Treat
New Address 7487 Rockleigh Ave #A Indpls 46214

Subscribed and sworn to before me this 11th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-11-93 *, authorizing the marriage of* ROBERT FREDRICK CARTER *and* MYLEIAH LYNN TRENT *. I further certify that the following marriage certificate was filed in my office: I,* HAROLD L. LEININGER *(name), certify that on* 6-5-93 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ROBERT FREDRICK CARTER *of* HENDRICKS *County* IN *(state), and* MYLEIAH LYNN TRENT *of* SHELBY *County* IN *(state) were 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:* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 193

File

5-13-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. W. Edwards

MALE APPLICANT

Name: First Christopher Middle R Last Young

Date of Birth: Month 7 Day 12 Year 71

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 7216 E Sycamore Dr. City Danville County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Rodney Walter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Sue ~~Young~~ Inskeep
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Christopher R Young Date 5/13/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Christopher R Young

New Address _____

Subscribed and sworn to before me this 13th day of May, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Katrina Middle J Last Poole

Date of Birth: Month 5 Day 3 Year 71

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 7125 D Island Dr. City Indpls County State IN 46214

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Norman G. Poole
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Helen W Ballou
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Katrina J. Poole Date 5-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Katrina J. Poole

New Address 749 Avon Rd. Plainfield IN 46168

Subscribed and sworn to before me this 13th day of May, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-13-93 *, authorizing the marriage of* CHRISTOPHER R. YOUNG *and* KATRINA J. POOLE *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD A. HANEY *(name), certify that on* MAY 29, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHRISTOPHER R. YOUNG *of* HENDRICKS *County* IN *(state), and* KATRINA J. POOLE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-29-93 *. Signed by:* /s/ RICHARD A. HANEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194

File

5-13-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 4-20-93
Name of Physician Hemelsteno MD

MALE APPLICANT

Name: First William Middle K. Last Heizer Jr.
Date of Birth: Month 8 Day 1 Year 68
Place of Birth (State or foreign country) Danville Indiana
Residence Address: Street or R.R. RR#4 BX 874 City Lizton County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Kirk Heizer Sr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lee Parfena Freeman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William K Heizer Jr. Date 5/13/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed William K Heizer Jr
New Address
Subscribed and sworn to before me this 13th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle a Last Gilbert
Date of Birth: Month 1 Day 17 Year 68
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R.R. RR#1 BX 288F City Putnamville County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Bardwell Gilbert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Verda Brodecka
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kimberly Gilbert Date 5/13/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kimberly Gilbert
New Address
Subscribed and sworn to before me this 13th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-13-93 *, authorizing the marriage of* WILLIAM KIRK HEIZER, JR. *and* KIMBRELY ANN GILBERT *. I further certify that the following marriage certificate was filed in my office: I,* MARVIN S. SINGLETON *(name), certify that on* JUNE 19, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WILLIAM KIRK HEIZER, JR. *of* HENDRICKS *County* IN *(state), and* KIMBRELY ANN GILBERT *of* HENDRICKS *County* IN *(state) were 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/ MARVIN S. SINGLETON *,* SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 195

HENDRICKS County

File

5-14-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-13-93
Name of Physician J. Black, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Paul Middle Edward Last Simms	Name: First Sara Middle Elaine Last Wenrick
Date of Birth: Month 7 Day 15 Year 66	Date of Birth: Month 7 Day 9 Year 71
Place of Birth (State or foreign country) Boise Idaho	Place of Birth (State or foreign country) Dayton, Ohio
Residence Address: Street or R.R. 2620 Grandview Dr. City Evansville County (Vanderburgh) State In.	Residence Address: Street or R.R. 6238 Eagle Rd City West Indpls. 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) Dr. Lic.	Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ 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 Larry Richard Simms	6. (a) Full name of applicant's father Thomas L. Wenrick
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) W. Salem, Il.	Residence of father (if deceased, so state) Indpls., In.
Birthplace of father (State or foreign country) Illinois	Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Judith Kay Sullen (Quillen)	(b) Full maiden name of applicant's mother Martha Ann Prevo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) W. Salem, Il.	Residence of mother (if deceased, so state) Indpls., In.
Birthplace of mother (State or foreign country) Illinois	Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Paul E Simms Date 5/14/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Paul E Simms

New Address same

Subscribed and sworn to before me this 14th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Sara E. Wenrick Date 5-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Sara Elaine Wenrick

New Address 2620 Grandview Drive Evansville, IN 47715

Subscribed and sworn to before me this 14th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-14-93 *, authorizing the marriage of* PAUL EDWARD SIMMS *and* SARA ELAINE WENRICK *. I further certify that the following marriage certificate was filed in my office: I,* HAROLD L. LEININGER *(name), certify that on* 6-19-93 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* PAUL EDWARD SIMMS *of* VANDERBURGH *County* IN *(state), and* SARA ELAINE WENRICK *of* HENDRICKS *County* IN *(state) were 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/ 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).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 196

HENDRICKS County

File

5-14-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-17-93
Name of Physician R. A. Shelen (?)

MALE APPLICANT

Name: First Joseph Middle P. Last Fitzgerald

Date of Birth: Month 2 Day 16 Year 65

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R.R. 1530 N State Rd 39 City Hend County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Joseph Anthony Fitzgerald
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Maryanne Carellas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ~~Ill~~ IN
   Birthplace of mother (State or foreign country) Ill

FEMALE APPLICANT

Name: First Tracy Middle A Last Holland

Date of Birth: Month 1 Day 23 Year 68

Place of Birth (State or foreign country) Washington D.C.

Residence Address: Street or R.R. 909 Oxford Dr City Marion County Grant State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Meagan Holland
6. (a) Full name of applicant's father Thomas Paul Holland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Judith Ann Stanton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Joseph P. Fitzgerald Date 5-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Joseph P. Fitzgerald

New Address _____

Subscribed and sworn to before me this 14th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Tracy A Holland Date 5/14/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Tracy A Holland

New Address _____

Subscribed and sworn to before me this 14th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-14-93 *, authorizing the marriage of* JOSEPH PATRICK FITZGERALD *and* TRACY ANN HOLLAND *. I further certify that the following marriage certificate was filed in my office: I,* REV. MARTIN J. SANDHAGE *(name), certify that on* MAY 22, 1993 *(date), at* MARION *in* GRANT *County, Indiana,* JOSEPH PATRICK FITZGERALD *of* HENDRICKS *County* IN *(state), and* TRACY ANN HOLLAND *of* GRANT *County* IN *(state) were 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/ REV. MARTIN J. SANDHAGE ROMAN CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 197

File 5-14-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-7-93
Name of Physician Fred Sanders, M.D.

MALE APPLICANT

Name: First Derrick Middle DeWitt Last Brown

Date of Birth: Month 1 Day 13 Year 68

Place of Birth (State or foreign country) Joliet, Ill.

Residence Address: Street or R.R. 120 W Zurich Rd. City Joliet County Will State Ill.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James DeWitt Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Joliet, Ill.
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Naomi Atkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Joliet, Ill.
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Derrick Brown Date 5/14/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Derrick Brown
New Address 2422 Walsh Way Joliet, IL

Subscribed and sworn to before me this 14th day of May, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Karla Middle Lynn Last Edwards

Date of Birth: Month 9 Day 19 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 90 Traders Landing City Brownsburg County (Hend.) State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Vernon Edwards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ms.
   (b) Full maiden name of applicant's mother Ruth Helen Hilliard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Tenn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karla Edwards Date 5/14/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Karla Edwards
New Address 2422 Walsh Way Joliet, IL 60435

Subscribed and sworn to before me this 14th day of May, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-14-93 *, authorizing the marriage of* DERRICK DEWITT BROWN *and* 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 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DERRICK DEWITT BROWN *of* WILL *County* IL *(state), and* KARLA LYNN EDWARDS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 198

HENDRICKS County

File

5-17-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Alexander Mills

MALE APPLICANT

Name: First Robert Middle Myron Last Jennings
Date of Birth: Month 1 Day 20 Year 65
Place of Birth (State or foreign country) IL
Residence Address: Street or R.R. 2 Edward Ct City B'burg County — State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-17-89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Lloyd Raymond Jennings Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Judith Ann Cain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 5-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address 4611 ISLANDER CT VA BEACH VA 23455
Subscribed and sworn to before me this 17 day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jodi Middle Lynn Last Brandon
Date of Birth: Month 11 Day 14 Year 68
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 8043 Valley Farms Ln City Indpls. County — State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Richard Wayne Brandon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anderson IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Nancy Carol Troutman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jodi Brandon Date 5-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jodi Brandon
New Address 4611 ISLANDER CT. VA BEACH 23455
Subscribed and sworn to before me this 17 day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-17-93 *, authorizing the marriage of* ROBERT MYRON JENNINGS *and* JODI LYNN BRANDON *. I further certify that the following marriage certificate was filed in my office: I,* BRADFORD F. PURDY *(name), certify that on* MAY 22, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* ROBERT MYRON JENNINGS *of* HENDRICKS *County* IN *(state), and* JODI LYNN BRANDON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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* 5-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 199

File

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 ☐
If No, Medical Examination or Report Dated 5-14-93
Name of Physician R. Maynard MD.

MALE APPLICANT

Name: First Kevin Middle Lynn Last Wacasey
Date of Birth: Month 1 Day 21 Year 61
Place of Birth (State or foreign country) Huntington, In.
Residence Address: Street or R.R. 7861 Big Horn Trail City Marion County Indpls. State In
Previous Marital Status: Never married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Kenneth Wacasey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Haven, In.
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Lenna Mae Oldfield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Haven, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin J. Wacasey Date 5/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kevin J. Wacasey
New Address Same
Subscribed and sworn to before me this 18th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Julie Middle Jo Last Johnson
Date of Birth: Month 8 Day 16 Year 68
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. 10792 N 800 E City Brownsburg County Hend State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father David H. Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Phyllis I. McCurdy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Julie Johnson Date 5-18

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Julie Johnson
New Address 7861 Big Horn Tr Indpls 46214
Subscribed and sworn to before me this 18th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-18-93 *, authorizing the marriage of* KEVIN LYNN WACASEY *and* JULIE JO JOHNSON *. I further certify that the following marriage certificate was filed in my office: I,* REV. ROBERT LARRY HALLETT *(name), certify that on* JULY 10, 1993 *(date), at* WHITESTOWN *in* BOONE *County, Indiana,* KEVIN LYNN WACASEY *of* MARION *County* IN *(state), and* JULIE JO JOHNSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-10-93 *. Signed by:* /s/ ROBERT LARRY HALLETT *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 200

File

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 ☐
If No, Medical Examination or Report Dated 5-18-93
Name of Physician Wm Edwards M.D.

MALE APPLICANT

Name: First William Middle Robert Last Engel
Date of Birth: Month 4 Day 17 Year 66
Place of Birth (State or foreign country) Oak Lawn, Il.
Residence Address: Street or R.R. 250 N East St City Apt 316 County Hend State Plfd, In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Ashley Angeline Engel 5 yrs.
   William Robert Engel II 4 yrs.
6. (a) Full name of applicant's father Carl Henry Engel Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft. Cicero, In.
   Birthplace of father (State or foreign country) Illenois
   (b) Full maiden name of applicant's mother Margaret Karen Wayner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Illenois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant William R. Engel Date 5-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed William R. Engel
New Address SAME
Subscribed and sworn to before me this 18th day of May, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle Marie Last Holderfield
Date of Birth: Month 4 Day 18 Year 62
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R.R. 250 N East St City Apt 316 County Hend State Plfd. In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   James Michael Holderfield 13 yrs.
   Evan Aaron Craig Holderfield 9 yrs.
6. (a) Full name of applicant's father John William McHugh Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Beech Grove, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elizabeth Ann Wegman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Beech Grove, In.
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Susan M. Holderfield Date 5-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Susan M. Holderfield
New Address SAME
Subscribed and sworn to before me this 18th day of May, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-18-93 *, authorizing the marriage of* WILLIAM ROBERT ENGEL *and* SUSAN MARIE HOLDERFIELD *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MAY 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WILLIAM ROBERT ENGEL *of* HENDRICKS *County* IN *(state), and* SUSAN MARIE HOLDERFIELD *of* HENDRICKS *County* IN *(state) were 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 *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 201

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated 5-18-93
Name of Physician John F Mae, M.D.

MALE APPLICANT

Name: First Eric Middle Dwayne Last Sprinkle

Date of Birth: Month 10 Day 2 Year 65

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 619 Winters Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Donald Sprinkle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Kay Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Eric D. Sprinkle Date 5/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Eric D. Sprinkle

New Address 129 Pamela Pkwy Brownsburg In 46112

Subscribed and sworn to before me this 18th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Keller

Date of Birth: Month 10 Day 14 Year 67

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R.R. 2015 Country Crossing City Indpls County State In. 46214

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Charles Richard Keller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Frances Helen Neal
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Deborah Ann Keller Date 5-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Deborah Ann Keller

New Address 134 Pamela Parkway Brownsburg, IN 46112

Subscribed and sworn to before me this 18th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 18 *, authorizing the marriage of* Eric Dwayne Sprinkle *and* Deborah Ann Keller *. I further certify that the following marriage certificate was filed in my office: I,* Timothy W. Wingfield *(name), certify that on* June 12, 1993 *(date), at* Indianapolis *in* Marion *County, Indiana,* Eric Dwayne Sprinkle *of* Hendricks *County* IN *(state), and* Deborah Ann Keller *of* Marion *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* May 18, 1993 *Signed by:* /a/ Timothy W. Wingfield *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 17, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 202

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 Dr Morrison

MALE APPLICANT

Name: First Ricky Middle L Last Eaker
Date of Birth: Month 12 Day 5 Year 54
Place of Birth (State or foreign country) IN
Residence Address: 3950 N 1000 E Lot 21 Street or R.R. Brownsburg City Hend County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date NOV-90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Stacey Eaker
6. (a) Full name of applicant's father Raymond Eaker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Wanda Lou York
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✕ Ricky L. Eaker Date ✕ 5-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Connie Lawson Date 5-19-93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✕ Ricky L. Eaker
New Address
Subscribed and sworn to before me this 19th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Sherry Middle J Last Eaker
Date of Birth: Month 10 Day 15 Year 56
Place of Birth (State or foreign country) IN
Residence Address: 3950 N 1000 E Lot 21 Street or R.R. Brownsburg City Hend County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date NOV-90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Stacey Eaker
6. (a) Full name of applicant's father
   (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
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✕ Sherry J. Eaker Date ✕ 5-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Connie Lawson Date 5-19-93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✕ Sherry J. Eaker
New Address
Subscribed and sworn to before me this 19th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 203

HENDRICKS County

File

5-20-93
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 ☑ Yes ☐
If No, Medical Examination or Report Dated 5/20/93
Name of Physician James Black

MALE APPLICANT

Name: First Randall Middle Jay Last Hobson
Date of Birth: Month 10 Day 22 Year 69
Place of Birth (State or foreign country) Shelbyville, In. Marion County
Residence Address: Street or R.R. 3185 N 950 E City Brownsburg County State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Wayne Robert Hobson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Agnes Ruth Boller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Randall J. Hobson Date X 5-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Randall J. Hobson
New Address X 11 Same
Subscribed and sworn to before me this 20th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lynn Middle Ann Last Dodson
Date of Birth: Month 11 Day 20 Year 71
Place of Birth (State or foreign country) Tipton, In. Marion County
Residence Address: Street or R.R. 120 William Dr. City Apt A Brownsburg County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Ronald Everett Dodson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Sharon Sue Odom
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Lynn A. Dodson Date X 5-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Lynn A. Dodson
New Address X 120 William Dr, Apt. A Brownsburg, IN 46112
Subscribed and sworn to before me this 20th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-20-93 *, authorizing the marriage of* RANDALL JAY HOBSON *and* LYNN ANN DODSON *. I further certify that the following marriage certificate was filed in my office: I,* CARL McMURRAY *(name), certify that on* AUGUST 20, 1993 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* RANDALL JAY HOBSON *of* HENDRICKS *County* IN *(state), and* LYNN ANN DODSON *of* HENDRICKS *County* IN *(state) were 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/ CARL McMURRAY *,* EVANGELIST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 204

File

5-20-93 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 ☒ Yes ☐
If No, Medical Examination or Report Dated 5-18-93
Name of Physician J.K. Mackey, M.D.

MALE APPLICANT

Name: First Jerry Middle Wayne Last Hensley Jr.
Date of Birth: Month 3 Day 21 Year 69
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 959 Christina Ct City Plainfield County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jerry Wayne Hensley Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenwood, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Freda Jane Bishop
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jerry W Hensley Jr Date 5-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jerry W Hensley Jr
New Address 2238 Hermitage Way 630 Spe
Subscribed and sworn to before me this 20th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lynn Middle Annette Last Campbell
Date of Birth: Month 2 Day 28 Year 65
Place of Birth (State or foreign country) Columbia, Tenn.
Residence Address: Street or R.R. 2238 Hermitage Way apt 630 City Speedway County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Christopher Gentry Campbell 2½ yrs.
6. (a) Full name of applicant's father Robert E. King
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Draydson, Tenn.
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Ophelia Graham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Draydson, Tenn
   Birthplace of mother (State or foreign country) Tenn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lynn A. Campbell Date 5-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lynn A. Campbell
New Address same
Subscribed and sworn to before me this 20th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-20-93 *, authorizing the marriage of* JERRY WAYNE HENSLEY JR. *and* LYNN ANNETTE CAMPBELL *. I further certify that the following marriage certificate was filed in my office: I,* DEBBIE A. HEDRICK *(name), certify that on* MAY 20, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY WAYNE HENSLEY JR. *of* HENDRICKS *County* IN *(state), and* LYNN ANNETTE CAMPBELL *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-20-93 *. Signed by:* /s/ DEBBIE A. HEDRICK *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-93
Name of Physician L. Lovell, M.D.

MALE APPLICANT

Name: First Michael Middle Patrick Last White

Date of Birth: Month 6 Day 30 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 589 Wilson Dr. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr-Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Larry Lynn White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dagaille, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wilma Ruth Sweeney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael P. White Date 5-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date 5-21-93

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael P. White

New Address _____

Subscribed and sworn to before me this 21st day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Marie Last Rooney

Date of Birth: Month 9 Day 20 Year 72

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R.R. 3250 State Rd 39 City Mooresville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jespa Dawn Rooney 2 yrs.
   John Patrick Hathaway 4 yrs.

6. (a) Full name of applicant's father Patrick Lee Rooney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tampa, Fl.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeri Lynn Longhurst
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kathleen M Rooney Date 5-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kathleen Rooney

New Address _____

Subscribed and sworn to before me this 21st day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-21-93 *, authorizing the marriage of* 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 *in* HENDRICKS *County, Indiana,* MICHAEL PATRICK WHITE *of* HENDRICKS *County* IN *(state), and* KATHLEEN MARIE ROONEY *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-21-93 *. 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* 5-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 206

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-29-93
Name of Physician Brenda Hart, M.D.

MALE APPLICANT

Name: First Matthew Middle Sean Last Griffin

Date of Birth: Month 5 Day 16 Year 67

Place of Birth (State or foreign country) Washington, D.C.

Residence Address: Street or R.R. 541 N. Nelson Dr. City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Charles Kirby Griffin III
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lake Oswego, Ore.
   Birthplace of father (State or foreign country) Colorado
   (b) Full maiden name of applicant's mother Karen Ann Graap
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lake Oswego, Or.
   Birthplace of mother (State or foreign country) Oregon

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Sean Griffin Date 5/21/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Sean Griffin
New Address 541 N. Nelson Dr. Brownsburg, IN 46112

Subscribed and sworn to before me this 21st day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Anne Last Burdick

Date of Birth: Month 10 Day 17 Year 66

Place of Birth (State or foreign country) Bloomington, In.

Residence Address: Street or R.R. 6672 Longwood Circle City Indpls., County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Burdick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Prairie Village, Ks.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Jeanne Bolds
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Harrisonville, Missouri
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kathryn Burdick Date 21 May 1993

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kathryn Burdick
New Address 541 Nelson Brownsburg, In

Subscribed and sworn to before me this 21st day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-21-93, *authorizing the marriage of* MATTHEW SEAN GRIFFIN *and* KATHRYN ANNE BURDICK. *I further certify that the following marriage certificate was filed in my office: I,* PATRICK J. NURRE *(name), certify that on* JULY 17, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MATTHEW SEAN GRIFFIN *of* HENDRICKS *County* IN *(state), and* KATHRYN ANNE BURDICK *of* HENDRICKS *County* IN *(state) were 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, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 207

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-21-93
Name of Physician Wm. Edwards, M.D.

MALE APPLICANT

Name: First Eric Middle Christopher Last Bunton

Date of Birth: Month 11 Day 19 Year 69

Place of Birth (State or foreign country) Martinsville, In.

Residence Address: Street or R.R. 11011 Brunswick City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Jel Rogales Martin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Melody Lee Allison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Eric C. Bunton Date 5-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Eric C. Bunton

New Address Same

Subscribed and sworn to before me this 21st day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Maria Middle Del Carmen Last Gonzalez

Date of Birth: Month 7 Day 13 Year 70

Place of Birth (State or foreign country) Tijuana, Mexico

Residence Address: Street or R.R. 11011 W. Brunswick City Dr. County Indpls., State In. Hend

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Pedro Gonzalez
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tijuana, Mexico
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Maria Petra Becrra
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tijuana, Mexico
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Maria del Carmen Gonzalez Date 5-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Maria del Carmen Gonzalez

New Address Same

Subscribed and sworn to before me this 21st day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-21-93 *, authorizing the marriage of* ERIC CHRISTOPHER BUNTON *and* MARIE del CARMEN GONZALEZ *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MAY 21, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ERIC CHRISTOPOHER BUNTON *of* HENDRICKS *County* IN *(state), and* MARIA DEL CARMEN GONZALEZ *of* HENDRICKS *County* IN *(state) were 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/ CYNTHIA J. SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 208

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-26-93
Name of Physician James R. Roland, M.D.

MALE APPLICANT

Name First: Michael Middle: Calvin Last: Doss
Date of Birth Month: 8 Day: 1 Year: 65
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address Street or R.R.: 247 N. Mill St. City: Plainfield, State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Calvin Coolidge Doss
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Sue Ellen Portwood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael C. Doss Date 5-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michael C. Doss
New Address same
Subscribed and sworn to before me this 21st day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Harriet Middle: Faith Last: Bunting
Date of Birth Month: 8 Day: 2 Year: 64
Place of Birth (State or foreign country): Newport News, Va.
Residence Address Street or R.R.: 8623 Rook Rd. City: Indpls, County: State: In (Marion)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Thomas Joseph Bunting
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oak Grove, La.
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Bernice Marie Hall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oak Grove, La.
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Harriet Bunting Date 5/21/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Harriet Bunting
New Address 247 N. Mill St. Plainfield, IN 46168
Subscribed and sworn to before me this 21st day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-21-93 *, authorizing the marriage of* MICHAEL CALVIN DOSS *and* HARRIET FAITH BUNTING *. I further certify that the following marriage certificate was filed in my office: I,* JARMO J. KORMU *(name), certify that on* JUNE 26, 1993 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* MICHAEL CALVIN DOSS *of* HENDRICKS *County* IN *(state), and* HARRIET FAITH BUNTING *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-26-93 *. Signed by:* /s/ JARMO J. KORMU *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 209

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.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First *George* Middle *J* Last *Dennis* (Bauer)

Date of Birth: Month 4 Day 7 Year 41

Place of Birth (State or foreign country) *Grand Rapids, Mi.*

Residence Address: Street or R.R. *1035 Mohawk Hills Dr.* City *Carmel* County (Hamilton) State *In.*

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date *1990*

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) *Dr. Lic.*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. *Samuel David Bauer 18 yrs.*
6. (a) Full name of applicant's father *George A Bauer*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Grand Rapids, Mi*
   Birthplace of father (State or foreign country) *Michigan*
   (b) Full maiden name of applicant's mother *Jane Maybee Neil*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Deceased*
   Birthplace of mother (State or foreign country) *Muskegon, Mi.*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant *George J Bauer* Date *21 May 93*

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed *George J Bauer*

New Address *13725 Offutt Dr, Carmel, IN 46032*

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First *Linda* Middle *Lenore* Last *Zinkan*

Date of Birth: Month 12 Day 13 Year 39

Place of Birth (State or foreign country) *Martinsville, In.*

Residence Address: Street or R.R. *738 Eagle Parkway* City *Brownsburg* County State *In.*

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date *1986*

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) *Dr. Lic.*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father *Jennings Frank Ferguson*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indianapolis, In.*
   Birthplace of father (State or foreign country) *Ohio*
   (b) Full maiden name of applicant's mother *Mary Lenore Rees*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indianapolis, In.*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant *Linda L. Zinkan* Date *5/21/93*

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed *Linda L. Zinkan*

New Address *13727 Offutt Dr. Carmel, In 46032*

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 21, 1993 *, authorizing the marriage of* George J. Dennis Bauer *and* Linda Lenore Zinkan *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* June 5, 1993 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* George J. Dennis Bauer *of* Hamilton *County* IN *(state), and* Linda Lenore Zinkan *of* Hendricks *County* IN *(state) were 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 21, 1993 *Signed by:* /s/ Steven T. Reeves *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 9, 1993 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

2358

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 210

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 ☐
If No, Medical Examination or Report Dated 5-24-93
Name of Physician G. Harris, M.D.

MALE APPLICANT

Name First Brent Middle Richard Last Bowen
Date of Birth Month 2 Day 11 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. RR1 Box 411 City Coatesville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Richard Lee Bowen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beverly Ann Hampton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brent R Bowen 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brent R Bowen
New Address POBox 2 Stilesville IN 46180
Subscribed and sworn to before me this 24th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Rachel Middle Ilene Last Davis
Date of Birth Month 11 Day 28 Year 70
Place of Birth (State or foreign country) Danville, In.
Residence Address Street or R.R. PO Box 7 City Stilesville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Wiley Cam Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Louise Kissel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dayville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rachel Ilene Davis 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Rachel Ilene Davis
New Address P.O. Box 7 Stilesville, IN 46180
Subscribed and sworn to before me this 24th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 24, 1993 *, authorizing the marriage of* Brent Richard Bowen *and* 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 *County* IN *(state), and* Rachel Ilene Davis *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* May 24, 1993 *Signed by:* /s/ Stevan W. Ranson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 8, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 211

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 ☐
If No, Medical Examination or Report Dated
Name of Physician John F. Moe M.D

MALE APPLICANT

Name: First Randy Middle L Last Smith

Date of Birth: Month 5 Day 17 Year 71

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 4204 Estate Dr. Apt 2 City Indianapolis County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Herbert Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) SouthDakota
   (b) Full maiden name of applicant's mother Penny Wadley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Signature of Applicant Randy L Smith 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

☒ Signed Randy L Smith
New Address

Subscribed and sworn to before me this 24th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tyann Middle L Last Strong

Date of Birth: Month 5 Day 1 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1843 Avon Rd City Plainfield County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Mark Strong
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shelia Perdue
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Signature of Applicant Tyann L Strong 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

☒ Signed Tyann L Strong
New Address

Subscribed and sworn to before me this 24th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 24, 1993 *, authorizing the marriage of* Randy L. Smith *and* 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 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Randy L. Smith *of* Marion *County* IN *(state), and* Tyann L. Strong *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* May 24, 1993 *Signed by:* /s/ Richard L. McGhee *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 8, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 212

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 ☐
If No, Medical Examination or Report Dated 3-29-93
Name of Physician Dr. Isaac Mottaz, MD.

MALE APPLICANT

Name: First Larry Middle Wayne Last Stewart

Date of Birth: Month 6 Day 16 Year 55

Place of Birth (State or foreign country) Terre Haute, In

Residence Address: Street or R.R. 1636 Avon Rd (Hend.) City Plainfield County State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father William Harrison Stewart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Lou Goda
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Larry W. Stewart 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Larry W. Stewart
New Address Same

Subscribed and sworn to before me this 24th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Julie Middle Marie Last Clark

Date of Birth: Month 2 Day 11 Year 60

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. 1636 Avon Rd. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Justin Ryan Clark 13 yrs.
6. (a) Full name of applicant's father Paul Rusto Tarwater
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lewis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Addie Mae Dishon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Julie 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Julie M. Clark
New Address Same

Subscribed and sworn to before me this 24th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 24, 1993 *, authorizing the marriage of* Larry Wayne Stewart *and* Julie Marie Clark *. I further certify that the following marriage certificate was filed in my office: I,* M. Duane Sinn *(name), certify that on* June 5, 1993 *(date), at* Terre Haute *in* Vigo *County, Indiana,* Larry Wayne Stewart *of* Hendricks *County* IN *(state), and* Julie Marie Clark *of* Hendricks *County* IN *(state) were 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 24, 1993 *Signed by:* /s/ M. Duane Sinn *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 10, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213

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 ☐
If No, Medical Examination or Report Dated 5-24-93
Name of Physician K. Cadenour, M.D.

MALE APPLICANT

Name: First Jonathan Middle Wade Last Thompson

Date of Birth: Month 12 Day 27 Year 73

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 250 N. East St. (Rear) City Plainfield County In. State apt 109

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Wade Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Lucille Debres Barr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jonathan W Thompson 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jonathan W Thompson

New Address Same

Subscribed and sworn to before me this 24 day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stephanie Middle Suzanne Last Barnaby

Date of Birth: Month 1 Day 29 Year 74

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 250 N East St. (Rear) City Plainfield County In. State apt 109

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father William Harold Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
   (b) Full maiden name of applicant's mother Linda Sue Barnaby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stephanie Barnaby 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stephanie Barnaby

New Address Same

Subscribed and sworn to before me this 24 day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-93 *, authorizing the marriage of* JONATHAN WADE THOMPSON *and* STEPHANIE SUZANNE BARNABY *. I further certify that the following marriage certificate was filed in my office: I,* REV. ROBERT W. THOMPSON *(name), certify that on* MAY 29, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JONATHAN WADE THOMPSON *of* HENDRICKS *County* IN *(state), and* STEPHANIE SUZANNE BARNABY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-29-93 *. Signed by:* /s/ REV. R. W. THOMPSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214

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 ☐
If No, Medical Examination or Report Dated 5-18-93
Name of Physician D. Walker, M.D.

MALE APPLICANT

Name: First John Middle R Last Carter

Date of Birth: Month 10 Day 17 Year 55

Place of Birth (State or foreign country) Bloomington In.

Residence Address: Street or R.R. 6734 Millside Dr. City Indpls. County In. State 46242

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Russell L. Carter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bloomington In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katherine K. Adams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bloomington In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John R. Carter 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John R. Carter
New Address Same

Subscribed and sworn to before me this 24th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Christine Middle Marie Last Mannett

Date of Birth: Month 4 Day 25 Year 69

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. 4 Elm Dr. (Glend) City Brownsburg, In. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Allen L. Leon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Charlotte Marie Marsh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christine M. Mannett 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Christine M. Mannett
New Address 6734 Millside Dr. Indpls. In. 46242

Subscribed and sworn to before me this 24th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-93, *authorizing the marriage of* JOHN R. CARTER *and* CHRISTINE MARIE MANNETT. *I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* JUNE 4, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN R. CARTER *of* MARION *County* IN *(state), and* CHRISTINE MARIE MANNETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-4-93. *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*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 215

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 ☐
If No, Medical Examination or Report Dated 5-19-93
Name of Physician J. Shumacher, M.D.

MALE APPLICANT

Name: First Chad Middle Nelson Last Swinford

Date of Birth: Month 5 Day 7 Year 74

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 3477 Wilson Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Warren Nelson Swinford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Nancy Sue Blackledge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Chad N. Swinford 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Chad N. Swinford
New Address ~~# 925~~ E. Winding Brook Pkwy.

Subscribed and sworn to before me this 24th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Lynn Last Porten

Date of Birth: Month 4 Day 18 Year 74

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR #1 Box 543 City Cicero (Hend) County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Nicholas K. Porten
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cicero, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Frances Marie Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Madison, Alabama
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amy L. Porten 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amy L. Porten
New Address 925 E Winding Brook Pkwy

Subscribed and sworn to before me this 24th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 24, 1993 *, 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,* Chad Nelson Swinford *of* Hendricks *County* IN *(state), and* Amy Lynn Porten *of* Hendricks *County* IN *(state) were 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 24, 1993
Signed by: /s/ John W. Irwin *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216

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 the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-19-93
Name of Physician G. Harris, M.D.

MALE APPLICANT

Name: First Ryan Middle Matthew Last Carr

Date of Birth: Month 8 Day 29 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 363 Andscott Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father David Barnes Carr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann Roan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ryan M Carr Date 5/25/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ryan M Carr
New Address same

Subscribed and sworn to before me this 25th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Blakey

Date of Birth: Month 10 Day 9 Year 70

Place of Birth (State or foreign country) Rochester, In.

Residence Address: Street or R.R. 327 Bridlewood Ct. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William Robert Blakey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Ann Beauchamp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Elizabeth A. Blakey Date 5-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Elizabeth A. Blakey
New Address 363 Andscott Drive Brownsburg

Subscribed and sworn to before me this 25th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 25, 1993 *, authorizing the marriage of* Ryan Matthew Carr *and* Elizabeth Ann Blakey *. I further certify that the following marriage certificate was filed in my office: I,* Vincent P. Lampert *(name), certify that on* June 12, 1993 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Ryan Matthew Carr *of* Hendricks *County* IN *(state), and* Elizabeth Ann Blakey *of* Hendricks *County* IN *(state) were 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/ Vincent P. Lampert *,* Catholic Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 217

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 the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-26-93
Name of Physician A. J. Lawson, M.D.

MALE APPLICANT

Name: First Brian Middle Ross Last Everling
Date of Birth: Month 7 Day 7 Year 65
Place of Birth (State or foreign country) Tipton, In.
Residence Address: Street or R.R. 125 E. Main City Ames County (Hend) State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Edward Joe Everling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anderson, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Sue Boyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greentown, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian R Everling Date 5-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brian R Everling
New Address 5 mile
Subscribed and sworn to before me this 25th day of May, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Cara Middle Lynn Last Helton
Date of Birth: Month 1 Day 26 Year 71
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 125 E. Main City Ames County (Hend) State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Thomas Kent Helton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Angela Jean Newhart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cara L. Helton Date 5-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Cara L. Helton
New Address same
Subscribed and sworn to before me this 25th day of May, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 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: I,* Jeffrey V. Boles *(name), certify that on* June 12, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* Brian Ross Everling *of* Hendricks *County* IN *(state), and* Cara Lynn Helton *of* Hendricks *County* IN *(state) were 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/ Jeffrey V. Boles Circuit Court Judge *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 14, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 218

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 the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-18-93
Name of Physician D. Haggard, M.D.

MALE APPLICANT

Name: First David Middle Clee Last Flynn II

Date of Birth: Month 6 Day 23 Year 70

Place of Birth (State or foreign country) Neubrucke, Germany

Residence Address: Street or R.R. 6443 W Co Rd 100 N. City Danville, County, State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father David Clee Flynn I
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Merrillville, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Deborah Rose Proffet
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Merrillville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David C Flynn Date 5/25/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David C Flynn II
New Address Same

Subscribed and sworn to before me this 25th day of May, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tonya Middle Louise Last Setty

Date of Birth: Month 8 Day 15 Year 72

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 6443 W. Co. Rd 100 N. City Danville, County, State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Donald Ray Setty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Olivia Louise Hayes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tonya L. Setty Date 5-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Tonya L. Setty
New Address Same

Subscribed and sworn to before me this 25th day of May, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, 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,* Kelly Ingersoll *(name), certify that on* June 12, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* David Clee Flynn II *of* Hendricks *County* IN *(state), and* Tonya Louise Setty *of* Hendricks *County* IN *(state) were 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/ Kelly Ingersoll *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219

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 the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-12-93
Name of Physician R. W. Mouser

MALE APPLICANT

Name: First Randy Middle Carson Last Ross

Date of Birth: Month 6 Day 29 Year 57

Place of Birth (State or foreign country) Revelo, Ky.

Residence Address: Street or R.R. 6020 E 91 N. Lot 6 City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1982

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Randi Lynn Ross 12 yrs.
6. (a) Full name of applicant's father Rubin Delano Ross
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cartersburg, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Ethelene Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Randy C Ross Date 5 25 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Randy C Ross
New Address same
Subscribed and sworn to before me this 25th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Shirley Middle Marlene Last Gramlin

Date of Birth: Month 7 Day 21 Year 60

Place of Birth (State or foreign country) Beech Grove, In

Residence Address: Street or R.R. 6020 E 91 N. Lot 6 City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Eddie Burge Gramlin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Lillie Mae Evans
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Shirley Marlene Gramlin Date 5-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Shirley Marlene Gramlin
New Address same
Subscribed and sworn to before me this 25th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 25, 1993 *, authorizing the marriage of* Randy Carson Ross *and* Shirley Marlene Gramlin *. I further certify that the following marriage certificate was filed in my office: I,* Phillip J. Waters *(name), certify that on* June 5, 1993 *(date), at* Cartersburg *in* Hendricks *County, Indiana,* Randy Carson Ross *of* Hendricks *County* IN *(state), and* Shirley Marlene Gramlin *of* Hendricks *County* IN *(state) were 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 *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 8, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 220

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 the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-13-93
Name of Physician J. Poe, M.D.

MALE APPLICANT

Name: First Harry Middle James Last Mayhew

Date of Birth: Month 9 Day 30 Year 58

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 11133 Bradford Rd. City Indpls. County In (Hend) State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Harold Emerson Mayhew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley mae Murice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Harry J Mayhew Date 5-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Harry J Mayhew
New Address Same

Subscribed and sworn to before me this MAY day of 25, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Eugenia Middle Francis Last Hughes

Date of Birth: Month 4 Day 10 Year 65

Place of Birth (State or foreign country) Anderson, In.

Residence Address: Street or R.R. 11133 Bradford Rd. City Indpls. County (Hend) State In. 46231

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father David Carol Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karyn Jean Deaton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Anderson, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Eugenia F Hughes Date 5-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Eugenia F Hughes
New Address Same 25th

Subscribed and sworn to before me this Tuesday day of May 25, 19 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-25-93 *, authorizing the marriage of* HARRY JAMES MAYHEW *and* EUGENIA FRANCIS HUGHES *. I further certify that the following marriage certificate was filed in my office: I,* HAROLD L. LEININGER, II *(name), certify that on* 6-12-93 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* HARRY JAMES MAYHEW *of* HENDRICKS *County* IN *(state), and* EUGENIA FRANCIS HUGHES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-12-93 *Signed by:* /s/ HAROLD L. LEININGER, II *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 221

File

5-26-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-26-93
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Shawn Middle Edward Last Swinigan
Date of Birth: Month 5 Day 14 Year 71
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 16 Hickory Ln. City Brownsburg, County In (Hend) State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Edward Lee Swinigan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Marie Early
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Shawn E Swinigan Date 5/26/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Shawn E Swinigan
New Address 200 Broadhurst Dr. Apt 11 Wilmore, KY 40390
Subscribed and sworn to before me this 26th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Shawn Middle Renee Last Streetman
Date of Birth: Month 9 Day 22 Year 71
Place of Birth (State or foreign country) Orlando, Fl.
Residence Address: Street or R.R. 156 Azalea Rd City De Bary, County Fl. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Philip M. Streetman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) De Bary, Fl.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Carolyn F. Shields
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) De Bary, Fl.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Shawn R. Streetman Date 5/26/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Shawn R. Streetman
New Address 200 Broadhurst Dr. Apt #11, Wilmore KY 40390
Subscribed and sworn to before me this 26th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-26-93, *authorizing the marriage of* SHAWN EDWARD SWINIGAN *and* SHAWN RENEE STREETMAN. *I further certify that the following marriage certificate was filed in my office: I,* ROD A. MATHEWS *(name), certify that on* 6-5-93 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* SHAWN EDWARD SWINIGAN *of* HENDRICKS *County* IN *(state), and* SHAWN RENEE STREETMAN *of* VOLUSIA *County* FL *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-5-93. *Signed by:* /s/ ROD A. MATHEWS, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 222

HENDRICKS County

File

5-26-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-24-93
Name of Physician M. Boyer, M.D.

MALE APPLICANT

Name First Bruce Middle Randall Last Freeland

Date of Birth Month 4 Day 23 Year 63

Place of Birth (State or foreign country) Danville, In.

Residence Address 358 So Wayne Street or R.R. Danville City Hendricks County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ronald Gene Freeland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Jo Scoings
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

Signature of Applicant Bruce R. Freeland Date 5/26/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Bruce R. Freeland

New Address SAME

Subscribed and sworn to before me this 26th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Rosa Middle Martin Last Sprout

Date of Birth Month 4 Day 20 Year 65

Place of Birth (State or foreign country) Richmond, In.

Residence Address 120 D Meridian Street or R.R. (Bend) City Pittsboro County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ernest Robert Martin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Doris Diane Crick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

Signature of Applicant Rosa M Sprout Date 5/26/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Rosa M Sprout

New Address 358 S. Wayne Danville

Subscribed and sworn to before me this 26th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-26-93 *, authorizing the marriage of* BRUCE RANDALL FREELAND *and* ROSA LEE MARTIN SPROUT *. I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE PURNELL *(name), certify that on* JUNE 20, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* BRUCE RANDALL FREELAND *of* HENDRICKS *County* IN *(state), and* ROSA LEE MARTIN SPROUT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-20-93 *. Signed by:* /s/ REV. GEORGE PURNELL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 223

File

5-27-93
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 ☐
If No, Medical Examination or Report Dated 5-25-93
Name of Physician Dr. Benson, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Wayne Last Van Hook

Date of Birth: Month 11 Day 21 Year 72

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. RR1 Box 28E City Lizton County State In 46149

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Eugene Wayne Van Hook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosa Louise Norton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeff Van Hook Date 5-27-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jeff Van Hook
New Address SAME

Subscribed and sworn to before me this 27th day of May, 19 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kristina Middle Ann Last Parker

Date of Birth: Month 11 Day 8 Year 73

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR1 Box 28E City Lizton County State In 46149

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Michael Charles Parker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Flora Ann Latta
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lizton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kristina Ann Parker Date 5-27-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kristina A. Parker
New Address SAME

Subscribed and sworn to before me this 27th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-27-93 *, authorizing the marriage of* JEFFREY WAYNE VAN HOOK *and* KRISTINA ANN PARKER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MAY 27, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFREY WAYNE VAN HOOK *of* HENDRICKS *County* IN *(state), and* KRISTINA ANN PARKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-27-93 *. 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* 5-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 224

File

5-27-93
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 ☐ 5-24-93
If No, Medical Examination or Report Dated
Name of Physician L. Kiltz, M.D.

MALE APPLICANT

Name First Robert Middle Flynn Last Morgan

Date of Birth Month 7 Day 3 Year 64

Place of Birth (State or foreign country) Anderson, In.

Residence Address 6536 Springview Dr. Plainfield In.
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Samuel Warner Morgan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alexandria, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Bryce Flynn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alexandria, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert F. Morgan Date 5-27-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Robert F. Morgan
New Address SAME
Subscribed and sworn to before me this 27th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Michelle Middle Lynne Last Robertson

Date of Birth Month 7 Day 1 Year 67

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 124 Hickory Rd. Brownsburg, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father James Clayton Robertson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Patricia Lee Otto
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle L. Robertson Date 5/27/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michelle L. Robertson
New Address 6536 Springview Drive Plainfield, IN 46168
Subscribed and sworn to before me this 27th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 27, 1993 *, authorizing the marriage of* Robert Flynn Morgan *and* Michelle Lynne Robertson *. I further certify that the following marriage certificate was filed in my office: I,* Lloyd D. Baugues *(name), certify that on* June 12, 1993 *(date), at* Indianapolis *in* Marion *County, Indiana,* Robert Flynn Morgan *of* Hendricks *County* IN *(state), and* Michelle Lynne Robertson *of* Hendricks *County* IN *(state) were 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 27, 1993
Signed by: /s/ Lloyd D. Baugues *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 225

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 5-24-93
Name of Physician D Tesak, P.O.

MALE APPLICANT

Name First Rex Middle Randall Last Rollo

Date of Birth Month 10 Day 24 Year 63

Place of Birth (State or foreign country) Milton, Florida

Residence Address Street or R.R. R#1 Box 497 City Coatesville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Luther Monroe Rollo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pace, Florida
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Frances Marie Joseph
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pace Florida
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rex R Rollo 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rex R Rollo

New Address SAME

Subscribed and sworn to before me this 28th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Patricia Middle Renate Last Henderson

Date of Birth Month 9 Day 1 Year 70

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. RR#1 Box 497 City Coatesville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Frankie Lee Henderson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gisela Kay Suecker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Patricia R Henderson 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Patricia R Henderson

New Address same

Subscribed and sworn to before me this 28th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-93 *, authorizing the marriage of* REX RANDALL ROLLO *and* PATRICIA RENATE HENDERSON *. I further certify that the following marriage certificate was filed in my office: I,* 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* PATRICIA RENATE HENDERSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-28-93 *. Signed by:* /s/ KEVIN KENT GAUGLER *,* _____ *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 226

HENDRICKS County

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 ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First: Willard Middle: Lee Last: Steagall

Date of Birth Month: 10 Day: 29 Year: 17

Place of Birth (State or foreign country): Morehead, Ky.

Residence Address Street or R.R.: PO Box 118 City: Coatesville County: Ind. State: 46121

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date: 1987

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify): Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father: James Robert Steagall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Ky.
   (b) Full maiden name of applicant's mother: Hannah Quisenberry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Louisville, Ky.
   Birthplace of mother (State or foreign country): Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Willard L. Steagall 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed: Willard L. Steagall
New Address: SAME

Subscribed and sworn to before me this 28th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Pearl Middle: Louise Last: Chicola

Date of Birth Month: 3 Day: 21 Year: 23

Place of Birth (State or foreign country): Aberdeen, Maryland

Residence Address Street or R.R.: 325 E Orange St City: Indpls. County: In. State:

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date: 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify): Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Ezra Blackburn
   (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: Costeau, Ordella
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Deceased
   Birthplace of mother (State or foreign country): Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Pearl L Chicola 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed: Pearl L Chicola
New Address: P.O. Box 118 Coatesville In

Subscribed and sworn to before me this 28th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-28-93 *, authorizing the marriage of* WILLARD LEE STEAGALL *and* PEARL LOUISE CHICOLA *. I further certify that the following marriage certificate was filed in my office: I,* MABEL M. CLIFFORD *(name), certify that on* JUNE 12, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WILLARD LEE STEAGALL *of* HENDRICKS *County* IN *(state), and* PEARL LOUISE CHICOLA *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-12-93 *. Signed by:* /s/ MABEL M. CLIFFORD, BRIG. OFFICER OF THE SALVATION ARMY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 227

HENDRICKS County

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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician G. Harris, M.D.

MALE APPLICANT

Name: First Ronnie Middle William Last Collins

Date of Birth: Month 1 Day 11 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3190 W. 200 S. City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William H. Collins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Nancy C. Kimberling
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Ronnie W Collins 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Ronnie W Collins
New Address 3401 Marabou Mills Dr. Indpls, IN 46214

Subscribed and sworn to before me this 28 day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Sue Middle Money Last

Date of Birth: Month 12 Day 29 Year 1974

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 19 Brenda Ct. City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Darrell Wayne Money
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marie Lois Kitts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Rebecca Sue Money 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Rebecca Sue Money
New Address Same as Male Appl.

Subscribed and sworn to before me this 28 day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-93 *, authorizing the marriage of* RONNIE WILLIAM COLLINS *and* REBECCA SUE MONEY *. I further certify that the following marriage certificate was filed in my office: I,* A. W. FARNSWORTH IV *(name), certify that on* JUNE 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RONNIE WILLIAM COLLINS *of* HENDRICKS *County* IN *(state), and* REBECCA SUE MONEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-22-93 *. Signed by:* /s/ A. W. FARNSWORTH IV *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 228

HENDRICKS County

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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Joseph Kerlin

MALE APPLICANT

Name: First BRIAN Middle LEE Last SCOBEE

Date of Birth: Month MARCH Day 30 Year 1960

Place of Birth (State or foreign country) GREENCASTLE, PUTNAM CO. IN

Residence Address: Street or R.R. 6015 CHESHIRE RD, APT A, City INDPLS County State IN 46241

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father LARRY LEE SCOBEE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother PATRICIA LOUISE OLIVER
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Brian L Scobee Date X 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Brian L Scobee
New Address X SAME
Subscribed and sworn to before me this 28th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First MICHELLE Middle LYNN Last LAWSON

Date of Birth: Month JANUARY Day 26, Year 1974

Place of Birth (State or foreign country) DANVILLE, HENDRICKS COUNTY, IN

Residence Address: Street or R.R. 204 S. MAIN, City NORTH SALEM County State IN 46165

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father ROBERT VINCENT LAWSON
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother BRENDA MARLENE COTTONGIM
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michelle L Lawson Date X 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michelle L. Lawson
New Address X 6015 Cheshire Rd, Apt. A, Indpls IN 46241
Subscribed and sworn to before me this 28th day of May, 19 93
Connie Lawson clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-93 *, 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 *in* HENDRICKS *County, Indiana,* BRIAN LEE SCOBEE *of* PUTNAM *County* IN *(state), and* MICHELLE LYNN LAWSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-5-93 *Signed by:* /s/ TONY W. RIGGEN *,* REVEREND *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 229

HENDRICKS County

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 5-26 93
Name of Physician Del M Jesel
(DAVID FEBAR, M.D.)

MALE APPLICANT

Name: First Allen Middle Ray Last Mink

Date of Birth: Month 10 Day 26 Year 70

Place of Birth (State or foreign country) Danville, In.

Residence Address: RR #3 Box 311 Street or R.R. Clayton City, In. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Megan Renee McAtee 2 yrs.
6. (a) Full name of applicant's father Othel Glen Mink
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Jeanette Greeson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Christina Middle Shawn Last Chasteen

Date of Birth: Month 12 Day 1 Year 73

Place of Birth (State or foreign country) Danville, In.

Residence Address: 6607 W. Main Street or R.R. Danville City, In. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ronald Dean Chasteen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Ohio Indiana
   (b) Full maiden name of applicant's mother Sidney Jean Butler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lebanon, In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Allen Ray Mink 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Allen Ray Mink

New Address _____

Subscribed and sworn to before me this 28th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christina Shawn Chasteen 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Christina Shawn Chasteen

New Address _____

Subscribed and sworn to before me this 28th day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 28, 1993 *, authorizing the marriage of* Allen Ray Mink *and* Christina Shawn Chasteen *. I further certify that the following marriage certificate was filed in my office: I,* George F. Kehler *(name), certify that on* June 12, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Allen Ray Mink *of* Hendricks *County* IN *(state), and* _____ Christina Shawn Chasteen *of* Hendricks *County* IN *(state) were 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 28, 1993 *Signed by:* /s/ George F. Kehler *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 230

HENDRICKS County

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 5-25-93
Name of Physician S. Deegan DO

MALE APPLICANT

Name First Tony Middle Joe Last Harris

Date of Birth Month 1 Day 4 Year 62

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 228 N Mill St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Thomas Frank Harris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Ruth Ann Orr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tony J. Harris 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tony J. Harris
New Address RR2 Box 91 Poland
Subscribed and sworn to before me this 28th day of May, 19 93
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Becky Middle Louise Last Sinders

Date of Birth Month 11 Day 8 Year 63

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 332 Green St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father David Levi Sinders
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Jane Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Becky L Sinders Date 5/26/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Becky L. Sinders
New Address RR2 Box 91, Poland IN
Subscribed and sworn to before me this 28th day of May, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 28, 1993 *, authorizing the marriage of* Tony Joe Harris *and* Becky Louise Sinders *. 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 *County* IN *(state), and* Becky Louise Sinders *of* Hendricks *County* IN *(state) were 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 28, 1993
Signed by: /s/ John C. Parsley *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 231

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 ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. J. Foes

MALE APPLICANT

Name: First FRANKIE Middle SCOTT Last HANDLON
Date of Birth: Month DEC Day 18 Year 1968
Place of Birth (State or foreign country): INDPLS MARION CO. IN
Residence Address: Street or R.R. 52104 PHEASANT RUN City SAGINAW County MI State 48603
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father HOWARD FRANCIS HANDLON
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother LINDA LEIGH PAULEY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) MICHIGAN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Frankie Scott Handlon Date X 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Frankie Scott Handlon
New Address X 52104 Pheasant Run
Subscribed and sworn to before me this 28th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First DENISE Middle ANN Last ADAMS
Date of Birth: Month OCTOBER Day 8 Year 1968
Place of Birth (State or foreign country): TAMPA FLA. HILLSBORO CO.
Residence Address: Street or R.R. 3806 DAN JONES RD, City PLAINFIELD County State 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father KENNETH MERLE ADAMS
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother BEVERLY ANN DAUGHERTY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Denise Ann Adams Date X 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Denise Ann Adams
New Address X 52104 Pheasant Run Saginaw MI 48603
Subscribed and sworn to before me this 28th day of May, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* May 28, 1993 *, authorizing the marriage of* Frankie Scott Handlon *and* Denise Ann Adams *. I further certify that the following marriage certificate was filed in my office: I,* William E Roddy *(name), certify that on* June 12, 1993 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Francis Scott Handlon *of* Saginaw *County* Michigan *(state), and* Denise Ann Adams *of* Hendricks *County* IN *(state) were 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 28, 1993 *Signed by:* /s/ William E. Roddy *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 17, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 232

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 ☐
If No, Medical Examination or Report Dated 5-26-93
Name of Physician Timothy Greist, M.D.

MALE APPLICANT

Name: First Thomas Middle Michael Last Liss

Date of Birth: Month 8 Day 23 Year 68

Place of Birth (State or foreign country) Saginaw, Mich.

Residence Address: Street or R.R. 1578 Riviera, City St. Saginaw, County , State Mi.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father John George Liss
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Saginaw, Mi
   Birthplace of father (State or foreign country) Mich.
   (b) Full maiden name of applicant's mother Donna Jean Balger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Saginaw, Mi
   Birthplace of mother (State or foreign country) Mich.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Thomas M. Liss Date 1 JUN 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Thomas M. Liss
New Address 7611 E. Tanque Verde #264 Tucson AZ 85715

Subscribed and sworn to before me this 1st day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Christy Middle Marie Last Bellamy

Date of Birth: Month 5 Day 13 Year 72

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 5742 Lake Land Dr. City Indpls., County In (Hend) State 46234

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ralph Edward Bellamy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sondra Jane Bailey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christy M. Bellamy Date 1 Jun 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Christy M. Bellamy
New Address 7611 E Tanque Verde Rd Tucson AZ 85715

Subscribed and sworn to before me this 1st day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-1-93 *, authorizing the marriage of* Thomas Michael Liss *and* Christy Marie Bellamy *. 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), at* Indianapolis *in* Marion *County, Indiana,* Thomas Michael Liss *of* Saginaw *County* Michigan *(state), and* Christy Marie Bellamy *of* Hendricks *County* IN *(state) were 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 1, 1993 *Signed by:* /s/ Stephen R. Cherry *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 16, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 233

File

6-2-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-2-93
Name of Physician D. Leedy, M.D.

MALE APPLICANT

Name: First Robert Middle Lee Last Crews
Date of Birth: Month 4 Day 12 Year 68
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 141½ N. Vine St. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Date 1986
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Leon Crews
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura May Middleton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cambey, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert Lee Crews Date 6-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Robert Lee Crews
New Address 141½ N. Vine St. Plainfield
Subscribed and sworn to before me this 2nd day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle ann Last Krug
Date of Birth: Month 5 Day 8 Year 69
Place of Birth (State or foreign country) Crawfordsville, In.
Residence Address: Street or R.R. 141½ N. Vine City Plainfield County State In. (Hend)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Gerald Harlan Krug
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ada Dorcas Shaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lisa Ann Krug Date 6-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lisa Krug
New Address Same
Subscribed and sworn to before me this 2nd day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-2-93 *, authorizing the marriage of* ROBERT LEE CREWS *and* LISA ANN KRUG *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* JUNE 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT LEE CREWS *of* HENDRICKS *County* IN *(state), and* LISA ANN KRUG *of* HENDRICKS *County* IN *(state) were 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 234

HENDRICKS County

File

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 Rebecca Hook

MALE APPLICANT

Name: First Dwight Middle Thomas Last Elsbury

Date of Birth: Month 2 Day 25 Year 54

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 344 Vestal Rd City Town Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Dale Elsbury
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruby Catherine Myers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dwight T Elsbury Date 6-3-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dwight T Elsbury
New Address -same-

Subscribed and sworn to before me this 3rd day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Gloria Middle — Last Rickett

Date of Birth: Month 3 Day 22 Year 54

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 344 Vestal Rd. City Town Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1980

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Walter Diaz Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Maria Covazos
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gloria Rickett Date 6-3-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gloria Rickett
New Address Same

Subscribed and sworn to before me this 3rd. day of May, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-11-93 *, authorizing the marriage of* DWIGHT THOMAS ELSBURY *and* GLORIA RICKETT *. I further certify that the following marriage certificate was filed in my office: I,* FRANK VAN ALLEN *(name), certify that on* AUGUST 2, 1993 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* _____ DWIGHT THOMAS ELSBURY *of* HENDRICKS *County* IN *(state), and* _____ GLORIA RICKETT *of* HENDRICKS *County* IN *(state) were 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/ 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*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 235

File

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 6-2-93
Name of Physician Co. Clark, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Michael Middle Anthony Last Brewer	Name: First Linda Middle Lou Last Brewer
Date of Birth: Month 6 Day 7 Year 57	Date of Birth: Month 7 Day 14 Year 52
Place of Birth (State or foreign country) Indianapolis In.	Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 9738 W. Washington City Ind. County Hend. State Indpls. In.	Residence Address: Street or R.R. 9738 W. Washington City Ind. County Hend. State 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 1993	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.	Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ 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 Roland Brewer	6. (a) Full name of applicant's father Harry J Howard
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Cartersburg, In.	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Nattie Jane Sawyer	(b) Full maiden name of applicant's mother Eva Mae Parker
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Deceased	Residence of mother (if deceased, so state) Pittsboro, In.
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 that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael A. Brewer Date 6/3/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael A. Brewer

New Address same

Subscribed and sworn to before me this 3rd day of June, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Linda Lou Brewer Date 6-3-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Linda Lou Brewer

New Address same

Subscribed and sworn to before me this 3rd day of June, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 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 *(name), certify that on* June 5, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* Michael Anthony Brewer *of* Hendricks *County* IN *(state), and* Linda L. Brewer *of* Hendricks *County* IN *(state) were 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 3, 1993
Signed by: /s/ Steven L. Thompson *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 11, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 236

File

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

Name: First Gordon Middle Lee Last Helms

Date of Birth: Month 8 Day 31 Year 52

Place of Birth (State or foreign country) Marion In

Residence Address: Street or R.R. 5961 Lakeview Dr Apt C City Indpls County Marion State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father George Wilbert Helms
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Marion, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Esther Lucille Peterson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Marion, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gordon L. Helms Date 6-3-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gordon L. Helms

New Address 1549 HARDING CT, PLAINFIELD, IN

Subscribed and sworn to before me this 3rd day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Judy Middle Ethel Last Briggs

Date of Birth: Month 6 Day 2 Year 41

Place of Birth (State or foreign country) Sheboygan Wisc.

Residence Address: Street or R.R. 1549 Harding Ct City Plainfield County Hend State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1974

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Milton Herbert Heather
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Wisc
   (b) Full maiden name of applicant's mother Elfriede J. Stoelting
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Judy E. Briggs Date 6/3/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Judy E. Briggs

New Address [illegible] June

Subscribed and sworn to before me this 3rd day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 1993 *, authorizing the marriage of* Gordon Lee Helms *and* Judy Ethel Briggs *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* June 12, 1993 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Gordon Lee Helms *of* Marion *County* IN *(state), and* Judy Ethel Briggs *of* Hendricks *County* IN *(state) were 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 3, 1993 *Signed by:* /s/ William R. Clayton *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 237

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
Name of Physician

MALE APPLICANT

Name First Brent Middle Michael Last Kiefer

Date of Birth Month 6 Day 7 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 1325 S. Jefferson City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Robert R. Kiefer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia A. Rich
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brent M. Kiefer Date 6/4/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brent M. Kiefer
New Address Same
Subscribed and sworn to before me this 4th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Andrea Middle Leigh Last Conour

Date of Birth Month 4 Day 21 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. RR 1 Box 218 L City Pittsboro, County In (Hend) State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father William F. Conour
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Carmel, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sherry Lynn Cross
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Venice, Florida
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Andrea L. Conour Date 06-04-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Andrea L. Conour
New Address 1325 S. Jefferson, Brownsburg, IN
Subscribed and sworn to before me this 4th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-4-93 *, authorizing the marriage of* BRENT MICHAEL KIEFER *and* ANDREA LEIGH CONOUR *. I further certify that the following marriage certificate was filed in my office: I,* REX E. BAKER *(name), certify that on* JUNE 12, 1993 *(date), at* CARMEL *in* HAMILTON *County, Indiana,* BRENT MICHAEL KIEFER *of* HENDRICKS *County* IN *(state), and* ANDREA LEIGH CONOUR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-4-93 *. Signed by:* /s/ REX E. BAKER *,* JUDGE, PRO TEM *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 25, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 238

HENDRICKS 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 5-19-93
Name of Physician J. Bascoli, M.D.

MALE APPLICANT

Name: First James Middle Wesley Last Norris

Date of Birth: Month 11 Day 15 Year 48

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. 100 N Grant St. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1978

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Bernard Norris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cope City, Ky.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Billie Ernestine Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James W. Norris Date 6/4/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James W. Norris
New Address - SAME -

Subscribed and sworn to before me this 4th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Danita Middle Lynn Last Dieren

Date of Birth: Month 6 Day 7 Year 57

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 100 N Grant City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nicholas Dieren 6 yrs.

6. (a) Full name of applicant's father Willard Levon McDaniel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Violet Nell Guinnette
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Danita L. Dieren Date 6-4-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Danita L. Dieren
New Address Same

Subscribed and sworn to before me this 4th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 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: I,* Cindy Spence *(name), certify that on* June 4, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* James Wesley Norris *of* Hendricks *County* IN *(state), and* Danita Lynn Dieren *of* Hendricks *County* IN *(state) were 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 4, 1993
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 11, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 239

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
Name of Physician Dr. R. Hansal

MALE APPLICANT

Name: First Patrick Middle K Last Shelley

Date of Birth: Month 5 Day 8 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 519 City Clayton County IN State 46118

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Norman Shelley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Janet Marie Selch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Patrick K Shelley Date 6-4-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Patrick K Shelley
New Address 348 W IN St Danville

Subscribed and sworn to before me this 4th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle A Last Church

Date of Birth: Month 2 Day 29 Year 60

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 864 Harlan St. City Plainfield County State IN 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father John Church
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) ILL.
   (b) Full maiden name of applicant's mother Majore Phipps
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) ILL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Elizabeth A. Church Date 6-4-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Elizabeth A. Church
New Address 348 W. Indiana

Subscribed and sworn to before me this 4th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 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: I,* John W. Irwin *(name), certify that on* June 5, 1993 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Patrick K. Shelley *of* Hendricks *County* IN *(state), and* Elizabeth A. church *of* Hendricks *County* IN *(state) were 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 4, 1993
Signed by: /s/ John W. Irwin *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 8, 1883 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 240

HENDRICKS 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 5-25-93
Name of Physician Teresa Trierweiler M.D.

MALE APPLICANT

Name: First Jon Middle James Last Ferguson

Date of Birth: Month 6 Day 18 Year 39

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R.R. 3508 W 350 N City Danville County In State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1979

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Cynthia Ann Ferguson 18yrs.
6. (a) Full name of applicant's father Harmon Walter Ferguson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Canada
   (b) Full maiden name of applicant's mother Mary Frances Marshall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jon James Ferguson Date 4 June 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jon James Ferguson
New Address SAME

Subscribed and sworn to before me this 4th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Martha Middle Mary Last Schmitt

Date of Birth: Month 6 Day 29 Year 57

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 463 N Centennial St. City Indpls. County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Herman Louis Schmitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Amelia Agnes Sustersick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant martha m schmitt Date 4 June 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed martha m schmitt
New Address 3508 W 350 N DANVILLE

Subscribed and sworn to before me this 4th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 4, 1993 *, authorizing the marriage of* Jon James Ferguson *and* Martha Mary Schmitt *. I further certify that the following marriage certificate was filed in my office: I,* Kenneth Taylor *(name), certify that on* June 13, 1993 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jon James Ferguson *of* Hendricks *County* IN *(state), and* Martha Mary Schmitt *of* Marion *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 4, 1993
Signed by: /s/ Kenneth Taylor *,* Catholic Priest *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 16, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 241

HENDRICKS County

File

6-7-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Terri Y. Brown, M.D.

MALE APPLICANT

Name: First Jeffrey Middle L. Last Kelso.
Date of Birth: Month 8 Day 5 Year 60
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. RR 2 Bx 299-1 City Clayton County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Leif Alley Kelso 14 yrs.
   Jennifer Lynn Kelso 13 yrs.
6. (a) Full name of applicant's father Paul A. C. Kelso
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Clara Jean Bailey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeffy L Kelso Date 6-4-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jeffy L Kelso
New Address SAME
Subscribed and sworn to before me this 7 day of June 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Teresa Middle Ann Last Collins
Date of Birth: Month 9 Day 21 Year 63
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. RR 2 Bx 299-1 City Clayton County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Angela Collins 6 yrs.
   Daniel Collins 3 yrs.
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only) Tom Cale
   Residence of father (if deceased, so state) Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Anita Morris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Teresa Collins Date 6-4-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Teresa Collins
New Address SAME
Subscribed and sworn to before me this 7 day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 4, 1993 *, authorizing the marriage of* Jeffrey Lewis Kelso *and* Teresa Ann Collins *. 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), at* Danville *in* Hendricks *County, Indiana,* Jeffrey Lewis Kelso *of* Hendricks *County* IN *(state), and* Teresa Ann Collins *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 4, 1993 *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* June 7, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 242

HENDRICKS 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 J. Scott Deasy

MALE APPLICANT

Name: First William Middle B Last Kelly
Date of Birth: Month 12 Day 4 Year 41
Place of Birth (State or foreign country) Ind
Residence Address: Street or R.R. 322 E main City Brownsburg County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-3-91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. 2-Tyler Lyncy
6. (a) Full name of applicant's father Robert Kelly
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Anna Rudder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Beechgrove In
   Birthplace of mother (State or foreign country) Lebanon

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ William B Kelly Date 6-4-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed William B Kelly
New Address _____
Subscribed and sworn to before me this 4th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Fayrene Middle L Last Kelly
Date of Birth: Month 7 Day 24 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 506 S Jefferson St. City Brownsburg County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tyler, Lyndsey
6. (a) Full name of applicant's father Jim Flowers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN.
   Birthplace of father (State or foreign country) Arizona
   (b) Full maiden name of applicant's mother June Lloyd Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Fayrene L Kelly Date 6-3-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Fayrene L Kelly
New Address _____
Subscribed and sworn to before me this 4th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-4-93 *, authorizing the marriage of* WILLIAM B. KELLY *and* FAYRENE L. KELLY *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN MAXIE *(name), certify that on* JULY 4, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WILLIAM B. KELLY *of* HENDRICKS *County* IN *(state), and* FAYRENE L. KELLY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-4-93 *. Signed by:* /s/ STEVEN D. MAXIE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 243

File

6-7-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr Karen Beard

MALE APPLICANT

Name: First JASON Middle Ray Last LAWSON

Date of Birth: Month 1 Day 13 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 308 Henley Dr. City Plainfield, County Hend State IN.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Clifford Ray Lawson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Norma Jean Garvin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ Jason R Lawson Date 6/7/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ Jason R Lawson

New Address _____

Subscribed and sworn to before me this 7th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shelly Middle Kay Last Wingler

Date of Birth: Month 12 Day 19 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2377 Gibbs Rd City Plainfield, County Hend State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Harold Waynne Wingler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Connie Sue Arnold
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ Shelly K Wingler Date 6-7-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ Shelly K. Wingler

New Address _____

Subscribed and sworn to before me this 7th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-7-93 *, 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 *(name), certify that on* JUNE 26, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JASON RAY LAWSON *of* HENDRICKS *County* IN *(state), and* SHELLY KAY WINGLER *of* HENDRICKS *County* IN *(state) were 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/ HUBERT GREER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 244

File

6-7-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. John Barber, M.D.

MALE APPLICANT

Name: First Michael Middle Greg Last Reffeitt

Date of Birth: Month 4 Day 1 Year 68

Place of Birth (State or foreign country) Ohio

Residence Address: 9396 N 800 E Street or R.R. PO Box 296 City Brownsburg County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Richard Leonard Reffeitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) W.V.
   (b) Full maiden name of applicant's mother Loretta Camille Cross
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) W.V.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael G. Reffeitt Date 6-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michael G. Reffeitt

New Address _____

Subscribed and sworn to before me this 8th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shelly Middle D'Ann Last Box

Date of Birth: Month 7 Day 31 Year 70

Place of Birth (State or foreign country) OK

Residence Address: 2950 E 950 S Street or R.R. Lebanon City IN County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Otho Gene Box
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pensicola FL
   Birthplace of father (State or foreign country) TX
   (b) Full maiden name of applicant's mother Mattie Janell Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) TX

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Shelly D Box Date 6/7/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Shelly D Box

New Address _____

Subscribed and sworn to before me this 7 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-8-93 *, authorizing the marriage of* MICHAEL GREG REFFEITT *and* SHELLY D'ANN BOX *. I further certify that the following marriage certificate was filed in my office: I,* REV. OTHO GENE BOX, REV. RICHARD L. REFFEITT *(name), certify that on* JULY 3, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL GREY REFFEITT *of* HENDRICKS *County* IN *(state), and* SHELLY D'ANN BOX *of* TARRENT *County* TX *(state) were 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/ OTHO GENE BOX, RICHARD L. REFFEITT *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 245

HENDRICKS County

File

6-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Purdy Anderson IN

MALE APPLICANT

Name: First Geoffrey Middle Scott Last Lohman

Date of Birth: Month 7 Day 13 Year 70

Place of Birth (State or foreign country) IN

Residence Address: 4886 Street or R.R. Royal Troon Way City Pfld. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Joseph Francis Lohman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pfld IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Ruby Irene Short
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfld IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Geoffrey Lohman Date 6/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Geoffrey Lohman
New Address _____
Subscribed and sworn to before me this 8 day of June, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Lynn Last Lineberry

Date of Birth: Month 2 Day 21 Year 70

Place of Birth (State or foreign country) IN

Residence Address: 2076 W Street or R.R. US 36 City Pendleton County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father David Allen Lineberry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pendleton IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Wanda Kay Hallowell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pendleton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Cheryl L. Lineberry Date 6-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Cheryl L. Lineberry
New Address _____
Subscribed and sworn to before me this 8 day of June, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-8-93 *, authorizing the marriage of* 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 *in* MADISON *County, Indiana,* GEOFFREY SCOTT LOHMAN *of* HENDRICKS *County* IN *(state), and* CHERYL LYNN LINEBERRY *of* MADISON *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-8-93 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 246

File

6-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Kelly

MALE APPLICANT

Name: First Donald Middle Bruce Last McCollum
Date of Birth: Month 12 Day 16 Year 60
Place of Birth (State or foreign country) IN
Residence Address 443 Street or R.R. N Allen City Brownsburg County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 88
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Max Daniel McCollum
6. (a) Full name of applicant's father
   (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 Nancy Louise Stevens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Donald B. McCollum Date 930608

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Donald B. McCollum
New Address
Subscribed and sworn to before me this 8 day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Jo Last Norrick
Date of Birth: Month 2 Day 24 Year 66
Place of Birth (State or foreign country) IN
Residence Address 57 22 Street or R.R. Port Au City Prince County Apt D State Indpls.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Curtis O'Neal James Robert
6. (a) Full name of applicant's father Paul Donald Ashby
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Karen Joan Milliner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Rebecca Norrick Date 6/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Rebecca Norrick
New Address
Subscribed and sworn to before me this 9 day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-8-93 *, authorizing the marriage of* DONALD BRUCE McCOLLUM *and* REBECCA JO NORRICK *. I further certify that the following marriage certificate was filed in my office: I,* REV. M. S. LANE *(name), certify that on* JUNE 20, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DONALD BRUCE McCOLLUM *of* HENDRICKS *County* IN *(state), and* REBECCA JO NORRICK *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-20-93 *. Signed by:* /s/ REV. M. S. LANE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 247

File

6-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. J. Kerlin, MD

MALE APPLICANT

Name: First Kevin, Middle Allen, Last Feltner

Date of Birth: Month 3, Day 30, Year 73

Place of Birth (State or foreign country): Ohio

Residence Address: Street or R.R. 1953 Roselawn Dr., City Toledo, County Lucas, State Ohio

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify) Drs. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Robert Siler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Karen Ann Feltner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kevin Feltner Date 6/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kevin Feltner
New Address Unknown

Subscribed and sworn to before me this 8th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kristina, Middle Lynne, Last Bryant

Date of Birth: Month 4, Day 9, Year 70

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. R.R. 2 Box 204A, City Clayton, County Hendricks, State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drs. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father James Vernon Bryant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Belle Pearson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kristina Bryant Date 6/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kristina Bryant
New Address _____

Subscribed and sworn to before me this 8th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8, 1993 *, authorizing the marriage of* Kevin A. Feltner *and* Kristina L. Bryant *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* June 8, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* Kevin A. Feltner *of* Lucas *County* Ohio *(state), and* ~~Kristina L. Bryant~~ *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 8, 1993 *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 8, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 248

HENDRICKS County

File

6-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-8-93
Name of Physician Dr. Benson, M.D.

MALE APPLICANT

Name: First Michael Middle Dennis Last Muse

Date of Birth: Month 9 Day 7 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 136 West St. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father David Paul Muse
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Sandra Lynn Findley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael D. Muse Date 6-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michael D. Muse

New Address Same

Subscribed and sworn to before me this 8th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Ann Last Bowman

Date of Birth: Month 3 Day 24 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 136 West St. City Plfld County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10-91

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Eric Christopher Carl Bowman, Matthew Lee Bowman
6. (a) Full name of applicant's father Carl Bert Pickle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Sue Bernhardt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Cheryl Bowman Date 6-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Cheryl Bowman

New Address _____

Subscribed and sworn to before me this 8th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-8-93 *, authorizing the marriage of* MICHAEL D. MUSE *and* CHERYL A. BOWMAN *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* JUNE 26, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MICHAEL D. MUSE *of* HENDRICKS *County* IN *(state), and* CHERYL A. BOWMAN *of* HENDRICKS *County* IN *(state) were 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/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 249

HENDRICKS County

File

7-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-19-93
Name of Physician Dr. Trammell

MALE APPLICANT

Name: First Franklin Middle L. Last Wehrheim
Date of Birth: Month 11 Day 27 Year 68
Place of Birth (State or foreign country) Ill
Residence Address: Street or R.R. 328 Clover Dr. City Indpls County Hend State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers license.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Elizabeth Nichole 6yrs. Brianna Michelle 8 weeks
6. (a) Full name of applicant's father Herbert Louis Wehrheim
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 7040 Knobb Hill Ct. Plainfield
   Birthplace of father (State or foreign country) TX
   (b) Full maiden name of applicant's mother Judith Ann Burnett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ill

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Franklin L Wehrheim Date 6-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Franklin L Wehrheim
New Address _____

Subscribed and sworn to before me this 8th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jamie Middle Michelle Last Sparks
Date of Birth: Month 6 Day 21 Year 73
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brianna 8 weeks
6. (a) Full name of applicant's father James Edward Sparks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Sandra Jane Starr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as app.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jamie M. Sparks Date 7-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jamie M. Sparks
New Address _____

Subscribed and sworn to before me this 8th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary See Consent form.

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8, 1993 *, authorizing the marriage of* Franklin L. Wehrheim *and* Jamie 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 *(date), at* Indianapolis *in* Marion *County, Indiana,* Franklin L. Wehrheim *of* Hendricks *County* IN *(state), and* Jamie Michelle Sparks *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 8, 1993
Signed by: /s/ Teresa K. Wainscott *,* Judge Wayne Twp. *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 250

File

6-9-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-9-93
Name of Physician DR. (Brownsburg Medical Clerk) Methodist

MALE APPLICANT

Name: First James Middle A Last Gaines

Date of Birth: Month 1 Day 10 Year 71

Place of Birth (State or foreign country) Danville Ind

Residence Address: Street or R.R. 10942 N 800 E. City Brownsburg County Hend State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ø

6. (a) Full name of applicant's father Willis G. Gaines
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same above
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Drama Mae Walker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ James A. Gaines 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 _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ James A. Gaines

New Address _____

Subscribed and sworn to before me this 6th day of June, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shannon Middle L. Last Shoemaker

Date of Birth: Month 11 Day 21 Year 70

Place of Birth (State or foreign country) Wabash In.

Residence Address: Street or R.R. 7303 Backbay Ct. City Indpls County Marion State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Ø

6. (a) Full name of applicant's father Paul D. Shoemaker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Wabash In.
   (b) Full maiden name of applicant's mother Deloris N. Flick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro
   Birthplace of mother (State or foreign country) Indpls In

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Shannon L. Shoemaker 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 _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Shannon L. Shoemaker

New Address _____

Subscribed and sworn to before me this 6th day of June, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-9-93 *, authorizing the marriage of* JAMES A. GAINES *and* SHANNON L. SHOEMAKER *. I further certify that the following marriage certificate was filed in my office: I,* ELDER DON R. McWILLIAMS *(name), certify that on* JULY 10, 1993 *(date), at* FAYETTE *in* BOONE *County, Indiana,* JAMES A. GAINES *of* HENDRICKS *County* IN *(state), and* SHANNON L. SHOEMAKER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-10-93 *. Signed by:* /s/ ELDER DON R. McWILLIAMS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251

File

6-9-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Ostheimer

MALE APPLICANT

Name: First Marion Middle Shane Last Clemons
Date of Birth: Month 2 Day 5 Year 66
Place of Birth (State or foreign country) IN
Residence Address: 11225 Street or R.R. W. Wash hot 45 City Hend County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Coty Michael Clemons
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
   Birthplace of father (State or foreign country) Ala.
   (b) Full maiden name of applicant's mother Myrna J. Leach
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Shane Clemons 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Shane Clemons
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Shawn Middle M Last Smith
Date of Birth: Month 6 Day 24 Year 68
Place of Birth (State or foreign country) IN
Residence Address: 11225 Street or R.R. W. Wash hot 45 City Hend County State IN.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. O
6. (a) Full name of applicant's father Charles Alfonce Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rebecca louise Eversole
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Shawn M. Smith 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Shawn M. Smith
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 9, 1993 *, authorizing the marriage of* M. Shane Clemons *and* Shawn M. Smith *. I further certify that the following marriage certificate was filed in my office: I,* Gary R. Cornwell *(name), certify that on* June 12, 1993 *(date), at* Martinsville *in* Morgan *County, Indiana,* M. Shane Clemons *of* Hendricks *County* IN *(state), and* Shawn M. Smith *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 9, 1993
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 Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252

File

6-9-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Brownsburg Medical

MALE APPLICANT

Name: First Mark Middle E Last McCormack

Date of Birth: Month 5 Day 9 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: ~~39~~ RR1 Box 390-36 Street or R.R. Clayton City County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Travis Evan McCormack
6. (a) Full name of applicant's father Norman C. McCormack
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Ruby N. Simpson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Mark E. McCormack 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Mark E. McCormack
New Address 811 Westbrook Dr.

Subscribed and sworn to before me this 9 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Carla Middle L Last Smith

Date of Birth: Month 10 Day 3 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: 811 Street or R.R. Westbrook Dr. City Mooresville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amber Michelle Smith
6. (a) Full name of applicant's father John P. Hammond
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda S. White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Carla Smith 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Carla Smith
New Address _____

Subscribed and sworn to before me this 9th day of June, 19 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-9-93 *, authorizing the marriage of* MARK EVAN McCORMACK *and* CARLA LYNN SMITH *. I further certify that the following marriage certificate was filed in my office: I,* RON HALLOCK *(name), certify that on* JUNE 19, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* MARK EVAN McCORMACK *of* HENDRICKS *County* IN *(state), and* CARLA LYNN SMITH *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-19-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 253

HENDRICKS County

File

6-10-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Mervin Middle D. Last Simmons

Date of Birth: Month 9 Day 5 Year 43

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 128 1 City Stilesville County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-22-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Delbert B. Simmons
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hazelwood IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Ruth Ellen Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hazelwood IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mervin D. Simmons Date 6-10-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mervin D. Simmons

New Address _____

Subscribed and sworn to before me this 10 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Simmons

Date of Birth: Month 6 Day 13 Year 33

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-22-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father William Loyd McClelland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Nelle Thorpe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mary Ann Simmons Date 6-10-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mary Ann Simmons

New Address _____

Subscribed and sworn to before me this 10 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 10, 1993 *, authorizing the marriage of* Mervin D. Simmons *and* Mary Ann 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), at* Crown Center *in* Morgan *County, Indiana,* Mervin D. simmons *of* Hendricks *County* IN *(state), and* Mary Ann Simmons *of* Hendricks *County* IN *(state) were 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 10, 1993
Signed by: /s/ Homer E. Henderson *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254

File

6.93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Stephen Hoagn

MALE APPLICANT

Name: First William Middle Dale Last Ingle

Date of Birth: Month 3 Day 30 Year 61

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 510 Avon Rd. City Plfd. County IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10.31.86

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. April M. Christopher L. Kimberly J.
6. (a) Full name of applicant's father Harrison Dale Ingle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Donna Irene Esterbrook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X William D. Ingle Date 6-10-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X William D. Ingle
New Address 510 Avon Rd Plfd

Subscribed and sworn to before me this 10 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Julia Middle Pearl Last Key

Date of Birth: Month 2 Day 22 Year 61

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. & Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 79'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Earl Rufus Key
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Margaret Lillen Ingle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Julia P. Key Date 6/10/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Julia P. Key
New Address _____

Subscribed and sworn to before me this 10 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 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: I,* Cindy Spence *(name), certify that on* June 11, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* William Dale Ingle *of* Hendricks *County* IN *(state), and* Julia Pearl Key *of* Hendricks *County* IN *(state) were 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 10, 1993 *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 11, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 255

File

6-10-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Robert Pirello

MALE APPLICANT

Name: First James Middle Webb Last Beck
Date of Birth: Month 7 Day 29 Year 70
Place of Birth (State or foreign country): IN.
Residence Address: 3950 N. Street or R.R. 1000 E City Lot#44 County Brownsburg State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Leo Webb Beck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Sharon Sue Garo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indianapolis, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James Webb Beck Date 06-10-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James Webb Beck
New Address
Subscribed and sworn to before me this 10th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tina Middle Louise Last Gabbert
Date of Birth: Month 3 Day 17 Year 72 IN.
Place of Birth (State or foreign country): IN
Residence Address: 3950 N. Street or R.R. 1000 East City Brownsburg County State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date April 93
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael Ray Gabbert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Beatrice Susan Kavanaugh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Irving, Tx
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tina L. Gabbert Date 06-10-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tina L. Gabbert
New Address
Subscribed and sworn to before me this 10th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 10, 1993 *, authorizing the marriage of* James Webb Beck *and* Tina 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), at* Danville *in* Hendricks *County, Indiana,* James Webb Beck *of* Hendricks *County* IN *(state), and* Tina Louise Gabbert *of* Hendricks *County* IN *(state) were 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 10, 1993
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 11, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 256

HENDRICKS County

File

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

MALE APPLICANT

Name: First Howard Middle Creighton Last Amell

Date of Birth: Month 9 Day 22 Year 23

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 970 I St NE Apt 41 City Linton County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 84'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Stephen Howard Amell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Florence Nylander
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ishpeming Michigan
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Howard C. Amell Date 6/11/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Howard C. Amell

New Address →

Subscribed and sworn to before me this 11 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lois Middle Mae Last Gaunnac

Date of Birth: Month 11 Day 17 Year 30

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 613 E Tilden Dr. City B'burg County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 88'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Albert Elmer Ferree
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Thelma Katherine Kraft
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Linton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Lois M. Gaunnac Date 6/11/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Lois M. Gaunnac

New Address Same as above

Subscribed and sworn to before me this 11 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-11-93 *, authorizing the marriage of* HOWARD C. AMELL *and* LOIS MAE GAUNNAC *. I further certify that the following marriage certificate was filed in my office: I,* REV. LEONARD MAYNARD *(name), certify that on* JUNE 26, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* HOWARD C. AMELL *of* GREENE *County* IN *(state), and* LOIS M. GAUNNAC *of* HENDRICKS *County* IN *(state) were 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 *,* ASST. PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 6-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 257

File

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 Dr. Robert R. Deaton, MD

MALE APPLICANT

Name: First Roy Middle Gene Last Fentz
Date of Birth: Month 4 Day 10 Year 45
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4071 E. 350N City Danville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11-6-92
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Chaz Ryan Fentz, Dirk Gregory Fentz
6. (a) Full name of applicant's father Ashbul Marion Fentz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Erma Dorothia VanSickle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Roy G. Fentz Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Roy G. Fentz
New Address Same
Subscribed and sworn to before me this 11th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Margaret Middle Ann Last Smith
Date of Birth: Month 4 Day 4 Year 45
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. R.R. 1 Box 61 City Pittsboro County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 7-92
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Walter Frances Reeder, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Margaret Eloise Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Margaret A. Smith Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Margaret A. Smith
New Address _____
Subscribed and sworn to before me this 11th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 *and* Margaret Ann Smith *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* June 11, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* Roy Gene Fentz *of* Hendricks *County* IN *(state), and* Margaret Ann Smith *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 11, 1993
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 11, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 258

File

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First James Middle Patrick Last Ramsey

Date of Birth: Month 3 Day 16 Year 55

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 438 allen Dr., City Brownsburg, County Hendricks, State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date '83

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ~~Kristen Holly~~ Ramsey
6. (a) Full name of applicant's father William M. Ramsey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Helen Sprang
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X James P. Ramsey Date 6/11/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X James P. Ramsey
New Address Same

Subscribed and sworn to before me this 11th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Luann Middle — Last Evans

Date of Birth: Month 8 Day 24 Year 57

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date '85

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Matthew Allen Evans
6. (a) Full name of applicant's father Fred Arnold Edwards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Mae Tyler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Luann Evans Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Luann Evans
New Address

Subscribed and sworn to before me this 11th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* James Patrick Ramsey *and* Luann Evans *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* June 11, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* James Patrick Ramsey *of* Hendricks *County* IN *(state), and* Luann Evans *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 11, 1993 *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 11, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 259

File

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 6-8-93
Name of Physician S.R. Sara, MD

MALE APPLICANT

Name: First Charles Middle Jimmie Last Hildum, II
Date of Birth: Month 11 Day 28 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1556 Sharer Dr. City Bedford County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Charles Jimmie Hildum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Martha Sumner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Charles Jimmie Hildum II Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Charles Jimmie Hildum II
New Address Same
Subscribed and sworn to before me this 11th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Trudy Middle Diane Last Kimmel
Date of Birth: Month 12 Day 1 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father David Lee Kimmel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Louise Kirkman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Trudy Kimmel Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Trudy Kimmel
New Address _____
Subscribed and sworn to before me this 11th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-11-93 *, authorizing the marriage of* CHARLES J. HILDUM *and* TRUDY D. KIMMEL *. I further certify that the following marriage certificate was filed in my office: I,* DANNY STARR *(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 *County* IN *(state) were 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 260

HENDRICKS County

File

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 Daniel Pollom (Indpls)

MALE APPLICANT

Name First Dallas Middle Lee Last Hubble

Date of Birth Month 6 Day 10 Year 51

Place of Birth (State or foreign country) IN

Residence Address 10205 Owasco Street or R.R. Indpls City IN County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-83

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ~~Brit~~ Erica Lyndsey
6. (a) Full name of applicant's father Delmar Lloyd Hubble
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Georgia Essex
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ~~X Dallas Lee Hubble~~ Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Dallas Lee Hubble

New Address _____

Subscribed and sworn to before me this 11 day of June, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Debra Middle Kay Last Bippus

Date of Birth Month 1 Day 27 Year 54

Place of Birth (State or foreign country) IN

Residence Address 10142 Owasco Street or R.R. Indpls City IN County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 76'

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christopher Travis Bippus
   Jerry Lee Bippus
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 Lois Ann Daulton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Punta Gorda FL
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Debbie K Bippus Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Debbie K Bippus

New Address _____

Subscribed and sworn to before me this 11 day of June, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-11-93 *, authorizing the marriage of* DALLAS LEE HUBBLE *and* DEBRA 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 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DALLAS LEE HUBBLE *of* HENDRICKS *County* IN *(state), and* DEBRA KAY BIPPUS *of* HENDRICKS *County* IN *(state) were 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261

File

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 Clark? Family Med Center

MALE APPLICANT

Name: First Shannon Middle E. Last Stidam

Date of Birth: Month 8 Day 21 Year 72

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 133 S. Rd. 450E. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none

6. (a) Full name of applicant's father Carl Edward Stidam
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 133 S Rd. 450E. Danville
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Wilma Jean Nesbitt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ~~State~~ West Virginia
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✗ Shannon E. Stidam Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Shannon E Stidam

New Address _____

Subscribed and sworn to before me this 11 day of June 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle K. Last Waggoner

Date of Birth: Month 1 Day 24 Year 76

Place of Birth (State or foreign country) Martinsville In.

Residence Address: Street or R.R. Rt 2 Box 199 City Coatesville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Morgan Co.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none

6. (a) Full name of applicant's father David Lee Waggoner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) Martinsville In
   (b) Full maiden name of applicant's mother Judy K. DiBenion-Waggoner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 250 NE St. Apt 206 P'field
   Birthplace of mother (State or foreign country) Greencastle In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✗ Jennifer K. Waggoner Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Jennifer K. Waggoner

New Address _____

Subscribed and sworn to before me this 11 day of June, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father ✗ David L. Waggoner ID # _____

Mother ✗ Judy K. Dobson ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-14-93 *, authorizing the marriage of* SHANNON EDWARD STIDAM *and* JENNIFER KAY WAGGONER *. I further certify that the following marriage certificate was filed in my office: I,* LEROY PICKERING *(name), certify that on* JULY 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SHANNON EDWARD STIDAM *of* HENDRICKS *County* IN *(state), and* JENNIFER KAY WAGGONER *of* HENDRICKS *County* IN *(state) were 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/ LEROY PICKERING *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 262

HENDRICKS County

File

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 James Bluemling, M.D.

MALE APPLICANT

Name: First Michael Middle Alan Last Phillips

Date of Birth: Month 10 Day 09 Year 1972

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 125 N. Jefferson City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Shelby Phillips 19 Mos.
6. (a) Full name of applicant's father Richard L. Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Hollendeade
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mich A Phillips Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Mich A Phillips

New Address Same as Above

Subscribed and sworn to before me this 11 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Shawna Middle Lee Last West

Date of Birth: Month 4 Day 20 Year 1971

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 125 N Jefferson City Danville County Hendrick State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father James E. West
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Rosenburg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Shawna L. West Date 6-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Shawna L. West

New Address Same as Above

Subscribed and sworn to before me this 11 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* Michael Alan Phillips *and* Shawna L. West *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* June 11, 1993 *(date), at* Danville *in* Hendricks *County, Indiana,* Michael Alan Phillips *of* Hendricks *County* IN *(state), and* Shawna L. West *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 11, 1993
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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 263

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Wm Edwards, MD

MALE APPLICANT

Name: First Glenn; Middle Alan; Last Robinson

Date of Birth: Month 12; Day 31; Year 62

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. R.R. 2 Box 252; City Clayton; County Hendricks; State In

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father George C. Robinson, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Rosemary Fry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Glenn A. Robinson 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Glenn A. Robinson

New Address _____

Subscribed and sworn to before me this 14th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Deborah; Middle Kay; Last Gipson

Date of Birth: Month 8; Day 16; Year 63

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. Same; City; County; State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date '86

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Renee Ann Gipson, Stacie Mary Gipson, Tracie Kay Gipson
6. (a) Full name of applicant's father Robert Lawrence Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Ann Vangundy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Deborah Kay Gipson 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Deborah Kay Gipson

New Address _____

Subscribed and sworn to before me this 14th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-14-93 *, authorizing the marriage of* GLENN A. ROBINSON *and* DEBORAH K. GIPSON *. I further certify that the following marriage certificate was filed in my office: I,* LARRY R. BOSWELL *(name), certify that on* JULY 10, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GLENN ALAN ROBINSON *of* HENDRICKS *County* IN *(state), and* DEBORAH KAY GIPSON *of* HENDRICKS *County* IN *(state) were 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* 7-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 264

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 ☐ Yes ☑
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Robert Middle Louis Last Perkins
Date of Birth: Month 5 Day 2 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 701 Willow Ct. City Danville County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10-92
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Robert Paul Perkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Maybelle Louise Hirstein
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Robert L Perkins 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Robert L. Perkins
New Address Same
Subscribed and sworn to before me this 14th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Doris Middle Elaine Last Gostling
Date of Birth: Month 7 Day 27 Year 32
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 91
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Raymond VanCurler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Cornilia Vanderzyde
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Doris E. Gostling 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Doris E. Gostling
New Address _____
Subscribed and sworn to before me this 14th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-14-93 *, authorizing the marriage of* ROBERT L. PERKINS *and* DORIS E. GOSTLING *. I further certify that the following marriage certificate was filed in my office: I,* REV. ROBERT M. HOOTEN *(name), certify that on* JUNE 24, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* ROBERT L. PERKINS *of* HENDRICKS *County* IN *(state), and* DORIS E. GOSTLING *of* HENDRICKS *County* IN *(state) were 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 *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 265

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Karen Johns

MALE APPLICANT

Name: First Robert Middle Lee Last Loviscek

Date of Birth: Month 7 Day 6 Year 46

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 29 Redbud Ln. City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Gina Marie
6. (a) Full name of applicant's father Lewis Matthew Loviscek Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Pauline Marie Konechnick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert L Loviscek 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert L. Loviscek
New Address 29 REDBUD LN BROWNSBURG IN.

Subscribed and sworn to before me this 14 day of June, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Mary Middle Kay Last Jackson

Date of Birth: Month 3 Day 26 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3572 St. Thomas Ln City Indpls. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 5-91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father David S. Eberwein
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lebanon IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Evelyn ~~Lucille~~ Lucielle Wilson ~~Hudson~~
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lebanon IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mary Kay Jackson 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Mary Kay Jackson
New Address 29 Redbud Ln, Brownsburg IN 46112

Subscribed and sworn to before me this 14 day of June, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-14-93 *, authorizing the marriage of* ROBERT LEE LOVISCEK *and* MARY KAY JACKSON *. I further certify that the following marriage certificate was filed in my office: I,* DAVID BOURNE *(name), certify that on* JUNE 17, 1993 *(date), at* WHITESTOWN *in* BOONE *County, Indiana,* ROBERT LEE LOVISCEK *of* HENDRICKS *County* IN *(state), and* MARY KAY JACKSON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-17-93 *. Signed by:* /s/ DAVID BOURNE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 266

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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician James R. Kennedy, M.D.

MALE APPLICANT

Name: First Stephan Middle Todd Last Huff

Date of Birth: Month 7 Day 08 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1515 Hope Dr. City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Curt Huff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Marilyn Haig
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ℵ Stefan J. Huff 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ℵ Stefan J. Huff
New Address 521 B. Winding Brook E. Dr. Indpls, In 46234

Subscribed and sworn to before me this 14 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Carrie Middle Ann Last Majors

Date of Birth: Month 8 Day 20 Year 1971

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 521 B Winding Brook E. Dr. City Indpls. County Marion State Indiana 46234

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Denny J. Majors
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cindy L. Parish
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ℵ Carrie Ann Majors 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ℵ Carrie Ann Majors
New Address Same as Above

Subscribed and sworn to before me this 14 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-14-93 *, authorizing the marriage of* STEFAN TODD HUFF *and* CARRIE ANN MAJORS *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM A. HEADLEY *(name), certify that on* JUNE 26, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEFAN TODD HUFF *of* HENDRICKS *County* IN *(state), and* CARRIE ANN MAJORS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-14-93 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 267

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 ☐
If No, Medical Examination or Report Dated 6-7-93
Name of Physician Dr. Burkholder, MD

MALE APPLICANT

Name: First Mario Middle – Last Doyon
Date of Birth: Month 8 Day 27 Year 68
Place of Birth (State or foreign country) Quebec, Canada
Residence Address: Street or R.R. 15 Woodland Ct. City Brownsburg. County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Jacques Doyon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Quebec, Can.
   Birthplace of father (State or foreign country) Quebec, Can.
   (b) Full maiden name of applicant's mother Madeleine Lemelin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Quebec, Can.
   Birthplace of mother (State or foreign country) Quebec, Can.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 6-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address Same
Subscribed and sworn to before me this 14th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Jo Last Figg
Date of Birth: Month 10 Day 17 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Thomas Joseph Figg
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother June Lee Phillips
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Amy J. Figg 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Amy J. Figg
New Address _____
Subscribed and sworn to before me this 14th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-14-93 *, authorizing the marriage of* MARIO DOYON *and* AMY JO FIGG *. I further certify that the following marriage certificate was filed in my office: I,* EDWARD DEAN DICKINSON *(name), certify that on* JUNE 26, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MARIO DOYON *of* HENDRICKS *County* IN *(state), and* AMY JO FIGG *of* HENDRICKS *County* IN *(state) were 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/ EDWARD DEAN DICKINSON, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 268

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 ☐
If No, Medical Examination or Report Dated 6-14-93
Name of Physician Karen D. Johns, MD

MALE APPLICANT

Name: First Ray Middle Calvin Last Sparks

Date of Birth: Month 2 Day 19 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1509 E. 100 N. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5-12-93

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Ray Sparks
6. (a) Full name of applicant's father Ray Alvin Sparks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Ann Sullivan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ireland

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ray C. Sparks 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Ray C. Sparks
New Address Same

Subscribed and sworn to before me this 14th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Edith Middle Mary Last Johnson

Date of Birth: Month 6 Day 26 Year 48

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9-89

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Loretta Lynn Janssen
6. (a) Full name of applicant's father Arthur Leroy Craft
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Edith Naoma Vaughn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Edith M. Johnson 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Edith M Johnson
New Address _____

Subscribed and sworn to before me this 14th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 14, 1993 *, authorizing the marriage of* Ray C. Sparks *and* Edith M. Johnson *. 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 *in* Hendricks *County, Indiana,* Ray C. Sparks *of* Hendricks *County* IN *(state), and* Edith M. Johnson *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* June 14, 1993 *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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 269

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 ☐
If No, Medical Examination or Report Dated
Name of Physician — See Attached —

MALE APPLICANT

Name: First Jason Middle James Last Bryant
Date of Birth: Month 7 Day 6 Year 73
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. RR 2 Box 204A City Clayton County — State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James V. Bryant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda B. Gleeson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jason Bryant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jason Bryant
New Address
Subscribed and sworn to before me this 14 day of June, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Sarah Middle Christy Last Cradick
Date of Birth: Month 2 Day 16 Year 75
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2133 W. Main St. City Pfld. County — State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Stanley L. Cradick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Whiteland IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Teresa L. Wildman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Whiteland IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X S. Christy Cradick Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X S. Christy Cradick
New Address
Subscribed and sworn to before me this 14 day of June, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 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 *in* Hendricks *County, Indiana,* Jason J. Bryant *of* Hendricks *County* IN *(state), and* Sarah Christy Cradick *of* Hendricks *County* IN *(state) were 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 14, 1993
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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 270

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Pizzato

MALE APPLICANT

Name: First Roger Middle R. RAYL Last
Date of Birth: Month 10 Day 12. Year 68
Place of Birth (State or foreign country) Danville, IN
Residence Address: Street or R.R. 10 S. School St. City Brownsburg County Hend State IN.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father Kenneth R. RAYL
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Betty J. Easley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ☒ Danvill
   Birthplace of mother (State or foreign country) Misori

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Roger R. Rayl Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Roger R. Rayl
New Address
Subscribed and sworn to before me this 14 day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Jennifer Middle D. Last ~~Schuter~~ Shuler
Date of Birth: Month 9 Day 11 Year 71
Place of Birth (State or foreign country) Danville IN.
Residence Address: Street or R.R. Same as across City County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father Clifford J. Shuler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jessica J. Curry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro IN
   Birthplace of mother (State or foreign country) Danville IN.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Jennifer D. Shuler 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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Jennifer D. Shuler
New Address
Subscribed and sworn to before me this 14 day of June, 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-14-93 *, authorizing the marriage of* ROGER R. RAYL *and* JENNIFER D. SHULER *. I further certify that the following marriage certificate was filed in my office: I,* REV. ROBERT M. HOOTEN *(name), certify that on* 6-19-93 *(date), at* AVON *in* HENDRICKS *County, Indiana,* ROGER R. RAYL *of* HENDRICKS *County* IN *(state), and* JENNIFER D. SHULER *of* HENDRICKS *County* IN *(state) were 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 M. HOOTEN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 271

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 ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician T. Bastista

MALE APPLICANT

Name: First Timothy Middle E. Last Cox

Date of Birth: Month Sept Day 6 Year 1969

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 8814 Conway Ct. City Fort Wayne County State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ronald E. Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Lynda Mettert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Carrie L. Wynberg 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 6-14-93

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Carrie L. Wynberg

New Address 502 W. Jackson Apt A Muncie IN 47305

Subscribed and sworn to before me this 14 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Carrie Middle L. Last Wynberg

Date of Birth: Month Feb Day 8 Year 1971

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R.R. 6 Tulip Dr. City Brownsburg County State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert C. Wynberg
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Vicki Anderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Timothy E. Cox 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 6-14-93

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Timothy E. Cox

New Address 502 W. Jackson Apt. A Muncie, IN 47305

Subscribed and sworn to before me this 14 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-14-93 *, authorizing the marriage of* TIMOTHY EUGENE COX *and* CARRIE LYNN WYNBERG *. I further certify that the following marriage certificate was filed in my office: I,* WARREN W. BURNS *(name), certify that on* JUNE 26, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* TIMOTHY EUGENE COX *of* ALLEN *County* IN *(state), and* CARRIE LYNN WYNBERG *of* HENDRICKS *County* IN *(state) were 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/ WARREN W. BURNS *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

420

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

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 ☑ Yes ☐
If No, Medical Examination or Report Dated 6-15-93
Name of Physician Edward Marsner, MD

MALE APPLICANT

Name: First Jeremy Middle Ray Last Martin
Date of Birth: Month 12 Day 14 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7130 St. Rd. 267N City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Raymond L. Martin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Karen J. Koons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jeremy R Mat Date 15 JUN 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jeremy R Mat
New Address Same
Subscribed and sworn to before me this 15th day of June, 19 15 JUN 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Frankie Middle A. Last Roberts (Lupon)
Date of Birth: Month 5 Day 20 Year 68
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. Rt. 2 Box 280B City Atmore County Escambia State Al.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages |
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 3-18-93
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kirsten Marie Lupon
6. (a) Full name of applicant's father Franklin M. Roberts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Joan Nellums
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alabama
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Frankie A Roberts Lupon Date 15 June 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 15

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Frankie A Roberts Lupon
New Address _____
Subscribed and sworn to before me this 15th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-15-93 *, authorizing the marriage of* JEREMY RAY MARTIN *and* FRANKIE ANN ROBERTS *. I further certify that the following marriage certificate was filed in my office: I,* REV. RICK ADKINS *(name), certify that on* JUNE 24, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JEREMY RAY MARTIN *of* HENDRICKS *County* IN *(state), and* FRANKIE ANN ROBERTS *of* ESCAMBIA *County* AL *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-24-93 *. Signed by:* /s/ REV RICK ADKINS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 273

HENDRICKS County

File

6-16-93
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 Indiana Holter Indpls Ind

MALE APPLICANT

Name: First Terrance Middle Linn Last Howard

Date of Birth: Month 5 Day 6 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 929 Windingbrook Dr City Indpls. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Eugene Howard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Beatrice Queen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) W.VA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Terrance L Howard Date 6/16/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Terrance Linn Howard

New Address _____

Subscribed and sworn to before me this 16 day of June, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stacy Middle Jo Last Scott

Date of Birth: Month 1 Day 8 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 311 Windward Dr. City Indpls. County Hendricks Co. State 46234

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Dennis R. Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Donna S. Hartle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stacy Jo. Scott Date 6/16/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Stacy Jo. Scott 6/16/93

New Address 3015 Pebble Point Drive Apt. 2D

Subscribed and sworn to before me this 16 day of June, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-16-93 *, authorizing the marriage of* TERRANCE LINN HOWARD *and* STACY JO SCOTT *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* JUNE 19, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* TERRANCE LINN HOWARD *of* MARION *County* IN *(state), and* STACY JO SCOTT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-16-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

422

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 274

HENDRICKS County

File

6-16-93
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 Warren Macy

MALE APPLICANT

Name: First Timothy Middle Brian Last Gierke

Date of Birth: Month 5 Day 4 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 299 Heritage Dr. City Danville County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Carl Eugene Gierke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Jane Sutt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Timothy B. Gierke Date 6-16-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Timothy B. Gierke

New Address _____

Subscribed and sworn to before me this 16 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Anne Last White

Date of Birth: Month 12 Day 20 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ← Same City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father James Terry White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle IN
   Birthplace of father (State or foreign country) FL
   (b) Full maiden name of applicant's mother Ina Elaine Chestnut
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michelle A. White Date 6-16-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michelle A. White

New Address _____

Subscribed and sworn to before me this 16 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-16-93 *, authorizing the marriage of* TIMOTHY BRIAN GIERKE *and* MICHELLE ANNE WHITE *. I further certify that the following marriage certificate was filed in my office: I,* PAUL H. BOWEN *(name), certify that on* JULY 3, 1993 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* TIMOTHY B. GIERKE *of* HENDRICKS *County* IN *(state), and* MICHELLE A. WHITE *of* HENDRICKS *County* IN *(state) were 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/ PAUL H. BOWEN *,* SR. PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 275

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 Examination or Report Dated 5-28-93
Name of Physician S. Yeager, M.D.

MALE APPLICANT

Name: First Joseph Middle Lloyd Last Craft
Date of Birth: Month 1 Day 29 Year 67
Place of Birth (State or foreign country) Ohio
Residence Address: 4448 Street or R.R. Crossbridge Ct. City Plainfield County Hend. State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driverslicense

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lilly Beth Craft 8yrs old.
6. (a) Full name of applicant's father Unknown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Phyllis Dessie Hemphill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ark.
   Birthplace of mother (State or foreign country) Ark

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address
Subscribed and sworn to before me this 18th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Lorraine Middle Last Dye
Date of Birth: Month 12 Day 2 Year 49
Place of Birth (State or foreign country) Ind
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Barry Fowler 19
6. (a) Full name of applicant's father Jack Cummings
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joan Ellen Riggs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lorraine Dye Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lorraine Dye
New Address SAME
Subscribed and sworn to before me this 21st day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-21-93 *, authorizing the marriage of* JOSEPH LLOYD CRAFT *and* LORRAINE DYE *. I further certify that the following marriage certificate was filed in my office: I,* REV. JAMES D. CLAYTON *(name), certify that on* JULY 3, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOSEPH LLOYD CRAFT *of* HENDRICKS *County* IN *(state), and* LORRAINE DYE *of* HENDRICKS *County* IN *(state) were 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/ REV. JAMES D. CLAYTON PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276

File

6-17-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Thomas Middle Kevin Last Sanders

Date of Birth: Month 2 Day 1 Year 1956

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R.R. 815 Fairmead Rd. City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1983

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. James T. Sanders 16
   Laura E. Sanders 13
6. (a) Full name of applicant's father Thomas O. Sanders
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruby C. Thacker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kansas
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Thomas Kevin Sanders Date 6-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Thomas Kevin Sanders

New Address Same as Above

Subscribed and sworn to before me this 17 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle Lynn Last Trent

Date of Birth: Month 8 Day 12 Year 1944

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 246 Indiana St. City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Esthas Shadwick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Loretta Coultas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Susan Lynn Trent Date 6-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Susan Lynn Trent

New Address _____

Subscribed and sworn to before me this 17 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk

HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 277

HENDRICKS County

File

6-17-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First: Christopher Middle: paul Last: Oltean

Date of Birth Month: 11 Day: 21 Year: 70

Place of Birth (State or foreign country): Washington St.

Residence Address: 237 Meadow Ln Street or R.R. plfd City Hendricks County IN State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) dl lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father: Keith Alie Oltean
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Ind
   Birthplace of father (State or foreign country): Ind
   (b) Full maiden name of applicant's mother: Kathy Ilene Burgan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Ok.
   Birthplace of mother (State or foreign country): Washington St.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Chris Oltean Date 6-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed: Chris Oltean
New Address: 237 meadow Ln. Fairfield IN.

Subscribed and sworn to before me this 17 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First: Christina Middle: marie Last: Lynch

Date of Birth Month: 7 Day: 20 Year: 72

Place of Birth (State or foreign country): Bridgeport Marion Co

Residence Address: 237 Meadow Ln Street or R.R. plfd City Hendricks County IN State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father: Norman Colwin Lynch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Ind
   Birthplace of father (State or foreign country): Ind
   (b) Full maiden name of applicant's mother: Diane M. Aiken
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Ind
   Birthplace of mother (State or foreign country): Ill

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Christy M. Lynch Date 6-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed: Christy Lynch
New Address: 237 Meadow Lane PIFD IN 46168

Subscribed and sworn to before me this 17 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-17-93, *authorizing the marriage of* CHRISTOPHER PAUL OLTEAN *and* CHRISTINA MARIE LYNCH. *I further certify that the following marriage certificate was filed in my office: I,* ROY HAMPTON *(name), certify that on* JUNE 19, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHRISTOPHER PAUL OLTEAN *of* HENDRICKS *County* IN *(state), and* CHRISTINA MARIE LYNCH *of* HENDRICKS *County* IN *(state) were 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/ ROY HAMPTON, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-93 *(date).*

Signed Corinne Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 278

HENDRICKS County

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 Examination or Report Dated
Name of Physician Dr. Poe

MALE APPLICANT

Name: First Eric Middle Douglas Last McGinnis

Date of Birth: Month 10 Day 18 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3235 Valley Farms Way City Indpls. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James Ralph McGinnis Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Ruth Emily Luke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Eric D McGinnis Date 6-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Eric D McGinnis
New Address SAME AS Above

Subscribed and sworn to before me this 18 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Ann Last Bishop

Date of Birth: Month 5 Day 2 Year 71

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 4490 W 700 N City North Salem County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Jerry Lester Bishop
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Salem IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Norma Jean Fitzsimmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Salem IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lisa Ann Bishop Date 6-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lisa Ann Bishop
New Address 3235 Valley Farms Way, Indpls. IN

Subscribed and sworn to before me this 18 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-18-93 *, authorizing the marriage of* ERIC D. McGINNIS *and* LISA ANN BISHOP *. I further certify that the following marriage certificate was filed in my office: I,* ROLAND D. PHILLIP, JR. *(name), certify that on* JUNE 26, 1993 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* ERIC D. McGINNIS *of* MARION *County* IN *(state), and* LISA ANN BISHOP *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-26-93 *. Signed by:* /s/ ROLAND D. PHILLIP, JR. *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 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 Examination or Report Dated 6-17-93
Name of Physician Michelle Boyer

MALE APPLICANT

Name: First PHILLIP Middle F. VELIKAN Last

Date of Birth: Month 7 Day 25 Year 1966

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R.R. 535 SARATOGA Dr. City Brownsburg, County HEND. State IN.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Took Driv. lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father FRANK C. VELIKAN
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DANVILLE, IN
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother VERONICA RUTH PECK
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) DANVILLE, IN
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Phillip F Velikan Date 6-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Phillip F Velikan

New Address _____

Subscribed and sworn to before me this 18th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First DIANA Middle JO Last WOOTAN

Date of Birth: Month 12 Day 10 Year 1969

Place of Birth (State or foreign country) DANVILLE, IN.

Residence Address: Street or R.R. 100 E. Tilden Dr. City Brownsburg. County HENDRICKS, State IN.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father JOHN EDWARD WOOTAN
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother DORIS Jean TERNET
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) BROWNSBURG, IND.
   Birthplace of mother (State or foreign country) Indiana.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Diana J. Wootan Date 6-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Diana J. Wootan

New Address 535 Saratoga Dr. Brownsburg

Subscribed and sworn to before me this 18 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-18-93 *, authorizing the marriage of* PHILLIP F. VELIKAN *and* DIANA JO WOOTAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. VINCENT P. LAMPERT *(name), certify that on* JUNE 26, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* PHILLIP F. VELIKAN *of* HENDRICKS *County* IN *(state), and* DIANA JO WOOTAN *of* HENDRICKS *County* IN *(state) were 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. VINCENT P. LAMPERT *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 280

HENDRICKS County

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 Examination or Report Dated
Name of Physician Stephen Hoagy

MALE APPLICANT

Name: First Eric Middle Lee Last Hughes

Date of Birth: Month December Day 27 Year 1965

Place of Birth (State or foreign country): Wayne Co. Indiana

Residence Address: Street or R.R. 951C Pinewood Ct N City Plainfield County In State 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Lawrence Eugene Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Anne Winings
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Eric L Hughes Date 6/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Eric L Hughes
New Address Same
Subscribed and sworn to before me this 18th day of June, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tiffany Middle Lane Last Scalzitti

Date of Birth: Month May Day 1 Year 1973

Place of Birth (State or foreign country): Bernalillo New Mexico

Residence Address: Street or R.R. 232 Avon Ave. City Plainfield County In State 46168

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Richard Avaloxy Scalzitti
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Carolina
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Deborah Fern Sparks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tiffany Scalzitti Date 6/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tiffany Scalzitti
New Address 951 S. Pinewood Ct N. Plainfield
Subscribed and sworn to before me this 18th day of June, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-18-93 *, authorizing the marriage of* ERIC LEE HUGHES *and* TIFFANY LANE SCALZITTI *. I further certify that the following marriage certificate was filed in my office: I,* ORVAL V. SUTTON *(name), certify that on* JUNE 26, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ERIC LEE HUGHES *of* HENDRICKS *County* IN *(state), and* TIFFANY LANE SCALZITTI *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-18-93 *. Signed by:* /s/ REV. ORVAL SUTTON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 281

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 Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Harold Middle A. Last DAVIS

Date of Birth: Month 11 Day 28 Year 12

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 132 Sheffield Dr. City Danville County Hend State IN.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. n/a
6. (a) Full name of applicant's father William A. Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Mary E. Broshears
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Harold A Davis Date 6/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Connie Lawson Date 6/18/93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Harold A. Davis
New Address same as app-3
Subscribed and sworn to before me this 18 day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Myrtle Middle M. Last Napier

Date of Birth: Month 5 Day 16 Year 15

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 4625 W. Naomi City Indpls County Marion State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Estis Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Sarah Finch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Myrtle M. Napier Date 6/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Connie Lawson Date 6/18/93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Myrtle M. Napier
New Address Same
Subscribed and sworn to before me this 18 day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-18-93 *, authorizing the marriage of* HAROLD ALONZO DAVIS *and* MYRTLE MAE NAPIER *. I further certify that the following marriage certificate was filed in my office: I,* THOMAS E. BELL *(name), certify that on* JUNE 22, 1993 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* HAROLD ALONZO DAVIS *of* HENDRICKS *County* IN *(state), and* MYRTLE MAE NAPIER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-22-93 *. Signed by:* /s/ REV. THOMAS E. BELL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-1-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 282

HENDRICKS County

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 Examination or Report Dated 6-18-93
Name of Physician Dr. Pizzato

MALE APPLICANT

Name: First Robert Middle J. Last Walford Jr.

Date of Birth: Month 1 Day 16 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 9725 Shoreland Ln. City Indpls County Marion State IN.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Natalie -10yrs
6. (a) Full name of applicant's father Robert J. Walford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fla
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rita Marie Eckman
   (If adopted, list adoptive parents only) ~~Fla~~
   Residence of mother (if deceased, so state) Fla.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert J. Walford Date 6-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Connie Lawson Date 6/18/93

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert J. Walford

New Address

Subscribed and sworn to before me this 18 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Linda Middle A. Last Fenley

Date of Birth: Month 7 Day 9 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 58 Cedar Run Rd. City B'burg County Hend State IN.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none.
6. (a) Full name of applicant's father Harold Fenley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) LA.
   (b) Full maiden name of applicant's mother Arlene Elson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Linda A. Fenley Date 6/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Connie Lawson Date 6/18/93

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Linda A. Fenley

New Address

Subscribed and sworn to before me this 18 day of June 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-18-93 *, authorizing the marriage of* ROBERT JOSEPH WALFORD *and* LINDA A. FENLEY *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JUNE 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT JOSEPH WALFORD *of* MARION *County* IN *(state), and* LINDA A. FENLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-18-93 *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283

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 Examination or Report Dated
Name of Physician Dr. Ogren

MALE APPLICANT

Name: First Jeffery Middle P. Last Sewell

Date of Birth: Month 4 Day 16 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 11646 Gasburg Rd. City Mooresville County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Paul Sewell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Ruby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeffery P. Sewell Date 18 JUN 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jeffery P. Sewell
New Address SAME AS ABOVE

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Gwendolyn Middle L. Last Hillock

Date of Birth: Month 9 Day 3 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 516 Hillcrest Dr. City Mooresville County Hendricks State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Randall S. Hillock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda L. Catania
   (If adopted, list adoptive parents only) IN
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gwendolyn L. Hillock Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Gwendolyn L. Hillock
New Address Same as above

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father Deceased ID # 8933-39-0960

Mother Guardian Brenda L. Catania ID # Marriage Certificate Drivers License

Subscribed and sworn to before me this 18 day of June, 19 93

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-18-93 *, authorizing the marriage of* JEFFERY PAUL SEWELL *and* GWENDOLYN LEA HILLOCK *. I further certify that the following marriage certificate was filed in my office: I,* JACK W. ELLIOTT, JR. *(name), certify that on* AUGUST 7, 1993 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* JEFFERY PAUL SEWELL *of* MORGAN *County* IN *(state), and* GWENDOLYN LEA HILLOCK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-18-93 *. Signed by:* /s/ JACK E. ELLIOTT, JR. *,* SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 284

HENDRICKS County

File

6-21-93
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 6-17-93
Name of Physician C R Kelly

MALE APPLICANT

Name: First Timothy Middle Ryan Last Riley
Date of Birth: Month 7 Day 19 Year 66
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 250 N East St apt 205 City Plainfield County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert H. Riley Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura Bernice Maffitt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant T. Riley Date 6-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
Signed T. Riley
New Address SAME
Subscribed and sworn to before me this 21st day of JUNE, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

I swear/affirm that the information given in this application is true and correct.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melinda Middle Jo Last Gazvoda
Date of Birth: Month 4 Day 6 Year 71
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 250 N East St. apt 205 City Plainfield County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Larry E. Gazvoda
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Peggy Jo Stanich
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Melinda Gazvoda Date 6-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
Signed Melinda Gazvoda
New Address Same
Subscribed and sworn to before me this 21st day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

I swear/affirm that the information given in this application is true and correct.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-21-93 *, authorizing the marriage of* TIMOTHY RYAN RILEY *and* MELINDA JO GAZVODA *. I further certify that the following marriage certificate was filed in my office: I,* ROGER L. DEAN *(name), certify that on* JULY 10, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* TIMOTHY RYAN RILEY *of* HENDRICKS *County* IN *(state), and* MELINDA JO GAZVODA *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-21-93 *Signed by:* /s/ ROGER L. DEAN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 285

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 Examination or Report Dated
Name of Physician Dr. Donald Wright

MALE APPLICANT

Name: First DONALD Middle J. Last Bough
Date of Birth: Month 7 Day 18 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2229 LAKE OF LANTERNS E. Dr. City Indpls. County HEND. State IND.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Took Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father RICHARD L. Bough
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) HENDRICKS
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Louise DICKEY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) HENDRICKS
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Donald J Bough Date 6/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Donald J Bough
New Address
Subscribed and sworn to before me this 18 day of June, 19 93
Clerk of the HENDRICKS Circuit Court
Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19_____
Clerk

FEMALE APPLICANT

Name: First AMBER Middle R. Last MONDAY
Date of Birth: Month 3 Day 3 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2229 LAKE OF LANTERNS E. Dr. City Indpls. County HEND. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Took Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christopher Robert Monday
6. (a) Full name of applicant's father GEORGE EUGENE JONES
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) HENDRICKS
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marietta Rose Goodnight
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) HENDRICKS
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Amber R. Monday Date 6/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Amber R. Monday
New Address
Subscribed and sworn to before me this 18th day of June, 19 93
Clerk of the HENDRICKS Circuit Court
Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19_____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 18-93 *, authorizing the marriage of* DONALD J. BOUGH *and* AMBER R. MONDAY *. I further certify that the following marriage certificate was filed in my office: I,* BRADLEY W. PRIDEMORE *(name), certify that on* JUNE 26, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* DONALD R. BOUGH *of* HENDRICKS *County* IN *(state), and* AMBER R. MONDAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-18-93 *. Signed by:* /s/ BRADLEY W. PRIDEMORE *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 286

HENDRICKS County

File

6-21-93
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 6-22-93
Name of Physician J. Williams, D.O.

MALE APPLICANT

Name: First Brent Middle E. Last Collier

Date of Birth: Month 6 Day 7 Year 63

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R.R. 4586 W. 400 S. City Danville County Hend. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Morris Fred Collier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville In.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Mary Ruth Evans
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brent E Collier Date 6-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brent E Collier
New Address _____
Subscribed and sworn to before me this 21st day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tamara Middle S Last Franklin

Date of Birth: Month 3 Day 31 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR 1 Box 141 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father John Rodney Franklin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Sue Kennedy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tamara S. Franklin Date 7-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tamara S. Franklin
New Address 4586 W. 400 S. DANVILLE
Subscribed and sworn to before me this 2nd day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-2-93 *, authorizing the marriage of* BRENT EVAN COLLIER *and* TAMARA SUE FRANKLIN *. I further certify that the following marriage certificate was filed in my office: I,* TED RIGDON, SR. *(name), certify that on* AUGUST 14, 1993 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* BRENT EVAN COLLIER *of* HENDRICKS *County* IN *(state), and* TAMARA SUE FRANKLIN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-14-93 *. Signed by:* /s/ TED RIGDON, SR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 287

HENDRICKS County

File

6-21-93
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

Name: First Waldo Middle Last Carpenter

Date of Birth: Month 7 Day 19 Year 20

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 278 Magnolia Dr. City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 12.27.92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Edward Carpenter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN ?
   (b) Full maiden name of applicant's mother Hanna Gretschell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Waldo Carpenter Date 6-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Waldo Carpenter

New Address _____

Subscribed and sworn to before me this 21 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle May Last Wright

Date of Birth: Month 4 Day 1 Year 18

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1019 S Roena St. City Indpls. County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 85

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Herman N. Lewis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IL ?
   (b) Full maiden name of applicant's mother Anna Louise Garland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Laura May Wright

New Address 278 Magnolia Dr

Subscribed and sworn to before me this 21 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-21-93 *, authorizing the marriage of* WALDO CARPENTER *and* LAURA M. WRIGHT *. I further certify that the following marriage certificate was filed in my office: I,* JERRY L. WILLIAMS *(name), certify that on* JULY 3, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WALDO CARPENTER *of* HENDRICKS *County* IN *(state), and* LAURA M. WRIGHT *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 288

HENDRICKS County

File

6-21-93
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 6-16-93
Name of Physician Wm Edwards, M.D.

MALE APPLICANT

Name: First Keith Middle Lovitt Last Brandenburg

Date of Birth: Month 2 Day 23 Year 46

Place of Birth (State or foreign country) Cincinnati, Ohio

Residence Address: Street or R.R. 7537C Bentley Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Willard Taylor Brandenburg
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Texas.
   (b) Full maiden name of applicant's mother Gladys Marie Lovitt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cincinnati Oh.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Keith L. Brandenburg Date 6-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Keith L. Brandenburg

New Address 624 Elm Drive

Subscribed and sworn to before me this 21st day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 ____

_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle Lee Last Reynolds

Date of Birth: Month 3 Day 19 Year 46

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 624 Elm Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Holly Reynolds 16 yrs.

6. (a) Full name of applicant's father Carleton Bert Lange
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Idamay Groff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Diana Lee Reynolds Date 6/21/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Diana Lee Reynolds

New Address same

Subscribed and sworn to before me this 21st day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 ____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-21-93 *, authorizing the marriage of* KEITH LOVITT BRANDENBURG *and* DIANA LEE REYNOLDS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KEITH LOVITT BRANDENBURG *of* MARION *County* IN *(state), and* DIANA LEE REYNOLDS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-2-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 289

HENDRICKS County

File

6-22-93
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 ☐ 6-12-93
If No, Medical Examination or Report Dated
Name of Physician R. J. Housell

MALE APPLICANT

Name: First Danny Middle R. Last Reed

Date of Birth: Month 10 Day 21 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4007 Friendswood Rd City plfd County Hendricks State In

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Harry Eldon Reed
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eleanor Ann Fuchs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

Signature of Applicant Danny R. Reed Date 6-22-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Danny R. Reed

New Address SAME

Subscribed and sworn to before me this 22nd day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathleen Middle M. Last Norris

Date of Birth: Month 5 Day 23 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4007 Friendswood City plfd County Hendricks State In

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Ludie Dutch Norris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Rosemary Frances Antrobus
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Unknown
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

Signature of Applicant Kathleen M Norris Date 6-22-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kathleen M Norris

New Address SAME

Subscribed and sworn to before me this 22nd day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-22-93 *, authorizing the marriage of* DANNY RAY REED *and* KATHLEEN MARGARET NORRIS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 6, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DANNY RAY REED *of* HENDRICKS *County* IN *(state), and* KATHLEEN MARGARET NORRIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-6-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 290

HENDRICKS County

File

6-23-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-13-93
Name of Physician A. Burke, M.D.

MALE APPLICANT

Name: First Jawaad Middle A. Last Rahman

Date of Birth: Month 12 Day 16 Year 71

Place of Birth (State or foreign country) Isle Of Wight, U.K

Residence Address: Street or R.R. 19910 Overlook Circle City Lawrenceburg (Dearborn) County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Sheikh A. Rahman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lawrenceburg, In.
   Birthplace of father (State or foreign country) India
   (b) Full maiden name of applicant's mother Sadiqua Usman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lawrenceburg, In.
   Birthplace of mother (State or foreign country) India

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 6/23/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address (same as above)

Subscribed and sworn to before me this 23rd day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Uzma Middle Zarreen (ZARREEN) Last Unus

Date of Birth: Month 9 Day 28 Year 71

Place of Birth (State or foreign country) Atlanta, Ga.

Residence Address: Street or R.R. 6991 Marcey Ct. City Plainfield, County In. State 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Iqbal Unus
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) British India
   (b) Full maiden name of applicant's mother Aysha N. Nasir
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Pakistan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Uzma Unus Date 6/23/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Uzma Unus

New Address 19910 Overlook Circle, Lawrenceburg, IN 47025

Subscribed and sworn to before me this 23rd day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-23-93 *, authorizing the marriage of* JAWAAD A. ROHMAN *and* UZMA Z. UNUS *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* JUNE 23, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAWAAD A. ROHMAN *of* DEARBORN *County* IN *(state), and* UZMA Z. UNUS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-23-93 *. 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* 7-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 291

HENDRICKS County

File

6-24-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First David Middle Alan Last Hodson

Date of Birth: Month 10 Day 2 Year 71

Place of Birth (State or foreign country): Greencastle, In.

Residence Address: Street or R.R. RR 1 Box 163 City Coatesville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Donald Eugene Hodson Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Irene Dunn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David Hodson Date 6/24/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David Hodson
New Address SAME

Subscribed and sworn to before me this 24th day of June, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Ida Middle Rose Last Cauldwell

Date of Birth: Month 1 Day 30 Year 73

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R.R. RR 1 Box 163 City Coatesville County State In. 46121

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father William Clinton Cauldwell Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bridget Odell Holden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ida R. Cauldwell Date 6-24-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ida R. Cauldwell
New Address Same

Subscribed and sworn to before me this 24th day of June, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* _____, *authorizing the marriage of* _____ *and* _____. *I further certify that the following marriage certificate was filed in my office: I,* _____ *(name), certify that on* _____ *(date), at* _____ *in* _____ *County, Indiana,* _____ *of* _____ *County* _____ *(state), and* _____ *of* _____ *County* _____ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* *HENDRICKS* *County, Indiana, dated* _____. *Signed by:* _____, _____ *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* _____ *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 292

File

6-24-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Michael E. 1071 N. Green St Plizato Bburg

MALE APPLICANT

Name: First Brian Middle Phillip Last Richert (Richert)
Date of Birth: Month 8 Day 16 Year 67
Place of Birth (State or foreign country): Wisc.
Residence Address: Street or R.R. 13415 W Fountain Dr. City New Berlin County State Wisc.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gary Phillip Richert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Berlin Wisc.
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of applicant's mother Nancy Marie North
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Berlin Wisc.
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kimberly L. Sheeler Date 6/24/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Brian Richert
New Address _____
Subscribed and sworn to before me this 24 day of June, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Lynn Last Sheeler
Date of Birth: Month 2 Day 22 Year 70
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. 24 Pineway Dr. City B'burg County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Allen Sheeler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Judith Lynn Baehmann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Brian Richert Date 6/24/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kimberly L. Sheeler
New Address 1348 W. Fountain Dr. New Berlin WI 53151 (Apt. 108)
Subscribed and sworn to before me this 24 day of June, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-24-93 *, authorizing the marriage of* BRIAN PHILLIP RICHERT *and* KIMBERLY LYNN SHEELER *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILFRED E. DAY *(name), certify that on* JUNE 26, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* BRIAN PHILLIP RICHERT *of* WAUKESHA *County* WISC. *(state), and* KIMBERLY LYNN SHEELER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-24-93 *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* 6-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 293

File

6-24-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-23-93
Name of Physician James Black, M.D.

MALE APPLICANT

Name: First Anthony Middle Douglas Last Ray
Date of Birth: Month 4 Day 5 Year 68
Place of Birth (State or foreign country) Honolulu, Hawaii
Residence Address: Street or R.R. 12 W. Washington St. City Brownsburg, County, State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father James Leroy Ray
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Ellen Joan Wiseman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Anthony D Ray Date 6-24-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Anthony D Ray
New Address SAME
Subscribed and sworn to before me this 24th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle Mary Last Konovsek
Date of Birth: Month 8 Day 13 Year 68
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 12 N Washington City Brownsburg, County, State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Frank Joseph Konovsek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Frances Marie Bivins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Susan M Konovsek Date 6-24-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Susan M Konovsek
New Address Same
Subscribed and sworn to before me this 24th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-24-93 *, authorizing the marriage of* ANTHONY DOUGLAS RAY *and* SUSAN MARY KONOVSEK *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILFRED E. DAY *(name), certify that on* AUGUST 21, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* _____ *ANTHONY DOUGLAS RAY of* HENDRICKS *County* IN *(state), and* _____ *SUSAN MARY KONOVSEK of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-24-93 *. 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* 8-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 294

HENDRICKS County

File

6-25-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐ 6-22-93
If No, Medical Examination or Report Dated
Name of Physician W. Macy, M.D.

MALE APPLICANT

Name: First Larry Middle Alan Last Junod

Date of Birth: Month 12 Day 2 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: # RR #1 Street or R.R. Box 374 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Larry Allen Junod
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Sondra Kay Whicker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant L. Alan Junod Date 6-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed L. Alan Junod

New Address _____

Subscribed and sworn to before me this 25th day of June, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lorri Middle Ann Last Balthis

Date of Birth: Month 5 Day 18 Year 70

Place of Birth (State or foreign country) Richmond, In.

Residence Address: 2360 Street or R.R. State Rd 75 City Danville, In. County

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Tony J. Balthis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Denise Kay Shull
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Richmond, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lorri A. Balthis Date 6-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lorri A. Balthis

New Address _____

Subscribed and sworn to before me this 25th day of June, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* LARRY ALAN JUNOD *and* LORRI ANN BALTHIS *. I further certify that the following marriage certificate was filed in my office: I,* PASTOR ALAN J. BARBER *(name), certify that on* JULY 17, 1993 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* LARRY ALAN JUNOD *of* HENDRICKS *County* IN *(state), and* LORRI ANN BALTHIS *of* HENDRICKS *County* IN *(state) were 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/ ALAN J. BARBER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 295

HENDRICKS County

File

6-25-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐ 6-22-93
If No, Medical Examination or Report Dated
Name of Physician R. Hensell, M.D.

MALE APPLICANT

Name: First Chris Middle L. Last Goins

Date of Birth: Month 7 Day 27 Year 57

Place of Birth (State or foreign country) Indianapolis, Ind

Residence Address: Street or R.R. 54 W. Main St. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Chet Goins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sue E. Walker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dezoga Co. Indiana
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Chris Goins Date 6/25/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Chris Goins
New Address 1248 Sycamore Dr.

Subscribed and sworn to before me this 25th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Connie Middle B. Last Hamilton

Date of Birth: Month 3 Day 26 Year 63

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. 1248 Sycamore Dr. City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Stephanie 9 yrs Candace 7 yrs Jill 4 yrs.
6. (a) Full name of applicant's father John B. Smitherman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Ann Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Connie Hamilton Date 6-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Connie Hamilton
New Address Same

Subscribed and sworn to before me this 25th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* CHRIS L. GOINS *and* CONNIE B. HAMILTON *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JUNE 30, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHRIS L. GOINS *of* HENDRICKS *County* IN *(state), and* CONNIE B. HAMILTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-30-93 *Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 296

HENDRICKS County

File

6-25-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-29-93
Name of Physician P. Batista, M.D.

MALE APPLICANT

Name First Dan Middle Stephen Last Ambrose

Date of Birth Month 7 Day 25 Year 71

Place of Birth (State or foreign country) Cleveland, Ohio.

Residence Address 2511 N Street or R.R. Avenue City Parma County State Ohio

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Donald Howard Ambrose
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Parma, Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother DeeAnn Lou Kinion
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Parma, Oh.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dan S. Ambrose Date 6-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dan S. Ambrose

New Address _____

Subscribed and sworn to before me this 25th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Amy Middle Elizabeth Last Tague

Date of Birth Month 9 Day 24 Year 71

Place of Birth (State or foreign country) Indianapolis In.

Residence Address 106 Street or R.R. Kathy Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Herschel Lee Tague
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elizabeth Ann Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amy E Tague Date 6-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amy E Tague

New Address _____

Subscribed and sworn to before me this 25th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-14-93 *, authorizing the marriage of* DAN STEPHEN AMBROSE *and* AMY ELIZABETH TAGUE *. I further certify that the following marriage certificate was filed in my office: I,* JEFFREY L. TAGUE *(name), certify that on* AUGUST 7, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAN STEPHEN AMBROSE *of* CUYAHOGA *County* OH *(state), and* AMY ELIZABETH TAGUE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-14-93 *. 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 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297

File

6-25-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-23-93
Name of Physician D Johnson, M.D.

MALE APPLICANT

Name: First Richard Middle Allen Last Jones
Date of Birth: Month 5 Day 15 Year 59
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 418 S. Kentucky City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Luke A Jones 10 yrs.
   Emily N. Jones 9 yrs.
6. (a) Full name of applicant's father Ben Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Drumright, Ok.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Ellen Pauline Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Richard A Jones Date 6-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Richard A Jones
New Address ~~418 S Kent~~ 1543 Woodside Dr
Subscribed and sworn to before me this 25th day of June, 1993 Don't 14 SW
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Kay Last Vestile
Date of Birth: Month 6 Day 24 Year 57
Place of Birth (State or foreign country) Madison, In.
Residence Address: Street or R.R. 1543 Woodside Dr. City Danville County State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Abigail Vestile 11 yrs.
   Josie I. Vestile 9 yrs.
6. (a) Full name of applicant's father Robert Eugene Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bernice Stacy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Madison, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karen K. Vestile Date 6/25/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Karen K. Vestile
New Address SAME
Subscribed and sworn to before me this 25th day of June, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 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: I,* REV. RONALD E. McDUGLE *(name), certify that on* JULY 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICHARD ALLEN JONES *of* HENDRICKS *County* IN *(state), and* KAREN KAY VESTILE *of* HENDRICKS *County* IN *(state) were 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/ REV. RONALD E. McDUGLE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 298

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 6-21-93
Name of Physician Judith Robinson, M.D.

MALE APPLICANT

Name: First Peter Middle William Last Battistini
Date of Birth: Month 4 Day 23 Year 55
Place of Birth (State or foreign country) Gary, In.
Residence Address: Street or R.R. 611 Dover Rd City Brownsburg County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Lawrence Francis Battistini
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Highland, In.
   Birthplace of father (State or foreign country) Del.
   (b) Full maiden name of applicant's mother Mary Ann Burke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Highland, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Peter W Battistini Date 6-28-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
Signed Peter W Battistini
New Address same
Subscribed and sworn to before me this 28th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

I swear/affirm that the information given in this application is true and correct.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Carol Middle Elizabeth Last Turner
Date of Birth: Month 9 Day 17 Year 57
Place of Birth (State or foreign country) Tuscola, Ill.
Residence Address: Street or R.R. 7158 Eagle Cove N. Dr. City Indpls. County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father George Burley Black
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crawfordsville, In.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother June Elizabeth Armstrong
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crawfordsville, In.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carol E Turner Date 6/28/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
Signed Carol E Turner
New Address 611 Dover Rd Brownsburg IN
Subscribed and sworn to before me this 28th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

I swear/affirm that the information given in this application is true and correct.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-28-93, *authorizing the marriage of* PETER WILLIAM BATTISTINI *and* CAROL ELIZABETH TURNER. *I further certify that the following marriage certificate was filed in my office: I,* ALLEN SPARKS *(name), certify that on* JULY 2, 1993 *(date), at* CRAWFORDSVILLE *in* MONTGOMERY *County, Indiana,* PETER WILLIAM BATTISTINI *of* HENDRICKS *County* IN *(state), and* CAROL ELIZABETH TURNER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-2-93. *Signed by:* /s/ ALLEN SPARKS, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 299

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 5-28-93
Name of Physician John Fleming, M.D.

MALE APPLICANT

Name: First Charles Middle Vincent Last Sears
Date of Birth: Month 10 Day 28 Year 56
Place of Birth (State or foreign country) Somerset, Ky.
Residence Address: Street or R.R. 210 E. College Ave City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Melissa Sue Sears 15 yrs.
   Carey James Sears 7 yrs.
6. (a) Full name of applicant's father Charles Sears
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Ruby Helen Giles
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) No. Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Charles V Sears Date 6-28-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Charles V Sears
New Address SAME
Subscribed and sworn to before me this 28th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Suzette Middle C. Last Parker
Date of Birth: Month 8 Day 25 Year 64
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 210 E. College Ave City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Grace Parker 3 yrs.
   Winter Callies 12 yrs.
6. (a) Full name of applicant's father McKenley Callies
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Grace Florene Coleman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Suzette C Parker Date 6-28-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Suzette C. Parker
New Address _____
Subscribed and sworn to before me this 28th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-28-93 *, authorizing the marriage of* CHARLES VINSON SEARS *and* SUZETTE C. PARKER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA SPENCE *(name), certify that on* JUNE 28, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHARLRS VINSON SEARS *of* HENDRICKS *County* IN *(state), and* SUZETTE C. PARKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-28-93 *. Signed by:* /s/ CYNTHIA SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 300

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 Dr. Robert McCracken

MALE APPLICANT

Name: First Jeffrey Middle Bryan Last Perry
Date of Birth: Month 10 Day 26 Year 67
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 627 Barrett St. City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Anthony Perry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Stilesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann Bishop
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Jeffrey B Perry Date 6-28-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Jeffrey B Perry
New Address same

Subscribed and sworn to before me this 28th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Gina Middle Marie Last Williams
Date of Birth: Month 9 Day 11 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 627 Barrett St. City Danville County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Fred Williams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother [redacted] Wanda Jeane Bright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Gina M. Williams Date 6/28/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Gina M. Williams
New Address same

Subscribed and sworn to before me this 28th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-28-93 *, authorizing the marriage of* JEFFREY BRYAN PERRY *and* GINA MARIE WILLIAMS *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN SCHOETTELKOTTE *(name), certify that on* JULY 17, 1993 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* JEFFREY BRYAN PERRY *of* HENDRICKS *County* IN *(state), and* GINA MARIE WILLIAMS *of* HENDRICKS *County* IN *(state) were 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 301

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 6-25-93
Name of Physician Speedway Medical Clinic

MALE APPLICANT

Name: First Ronald Middle Lynn Last Kauffman

Date of Birth: Month 2 Day 12 Year 63

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R.R. 10143 Kewanna Dr. City Indpls. County Hendricks State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Raymond Kauffman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Melinda Yoder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ronald L Kauff Date 06-29-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Ronald L. Kauff

New Address _____

Subscribed and sworn to before me this 29th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Marie Last Coffman

Date of Birth: Month 11 Day 29 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Gary Coffman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryle Weaver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michelle Coffman Date 6-29-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michelle Coffman

New Address _____

Subscribed and sworn to before me this 29th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-29-93, *authorizing the marriage of* RONALD LYNN KAUFFMAN *and* MICHELLE MARIE COFFMAN. *I further certify that the following marriage certificate was filed in my office: I,* PAUL E. BLEDSOE *(name), certify that on* JULY 3, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RONALD LYNN KAUFFMAN *of* HENDRICKS *County* IN *(state), and* MICHELLE MARIE COFFMAN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-29-93. *Signed by:* /s/ PAUL E. BLEDSOE, SINGLES MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 302

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

Name: First James; Middle M.; Last Halcomb
Date of Birth: Month 9; Day 22; Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. Route 1, Box 58; City Clayton; County Hendricks; State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Edward E. Halcomb
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Sue Stokes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James Michael Halcomb Date 6-29-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James Michael Halcomb
New Address Same as above
Subscribed and sworn to before me this 29th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Stefanie; Middle J.; Last Wheeler
Date of Birth: Month 9; Day 28; Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. Route 1, Box 58; City Clayton; County Hendricks; State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald L. Pearson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vickie J. Angrick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stefanie Jeanne Wheeler Date 6/29/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Stefanie Jeanne Wheeler
New Address Same as above
Subscribed and sworn to before me this 29th day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-29-93, *authorizing the marriage of* JAMES MICHAEL HALCOMB *and* STEFANIE JEANNE WHEELER. *I further certify that the following marriage certificate was filed in my office: I,* C. GLEN BURNSIDE *(name), certify that on* JULY 17, 1993 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* JAMES MICHAEL HALCOMB *of* HENDRICKS *County* IN *(state), and* STEFANIE JEANNE WHEELER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-17-93. *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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 303

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 ☐
If No, Medical Examination or Report Dated 6-30-93
Name of Physician R. Bond, M.D.

MALE APPLICANT

Name: First Jay Middle Benton Last Healey

Date of Birth: Month 11 Day 4 Year 68

Place of Birth (State or foreign country) Marion In.

Residence Address: Street or R.R. 14 Stoneybrook Dr. City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Ronald Elsworth Healey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Sue Fulkerson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jay B. Healey Date 6-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jay B. Healey
New Address 226 ARBOR DR., CARMEL, IN 46032

Subscribed and sworn to before me this 30 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Lucinda Last Blanford

Date of Birth: Month 10 Day 31 Year 68

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 5245 N. 600 E City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father David West Blanford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lucinda Ann Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amy L. Blanford Date 6-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amy L. Blanford
New Address 226 Arbor Dr., Carmel In 46032

Subscribed and sworn to before me this 30 day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-30-93 *, authorizing the marriage of* JAY BENTON HEALEY *and* AMY LUCINDA BLANFORD *. I further certify that the following marriage certificate was filed in my office: I,* LARRY L. BELLVILLE *(name), certify that on* JULY 10, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JAY BENTON HEALEY *of* HENDRICKS *County* IN *(state), and* AMY LUCINDA BLANFORD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-30-93 *. Signed by:* /s/ LARRY L. BELLVILLE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 304

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 ☐
If No, Medical Examination of Report Dated 6-24-93
Name of Physician H. Himelstein

MALE APPLICANT

Name: First Edward Middle Michael Last Cicierko

Date of Birth: Month 8 Day 17 Year 67

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. RR 2 Box 171-A City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Edward M. Cicierko
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In
   Birthplace of father (State or foreign country) Poland
   (b) Full maiden name of applicant's mother Mary Joan Sapton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Neoga

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Edward M. Cicierko Date 6-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Edward M. Cicierko

New Address Same

Subscribed and sworn to before me this 30th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Cindy Middle Lou Last Smith

Date of Birth: Month 11 Day 23 Year 70

Place of Birth (State or foreign country) Dubuque, Iowa

Residence Address: Street or R.R. RR 1 Box 394-A City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Ray F. Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Chere Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cindy L Smith Date 6-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cindy L Smith

New Address RR 1 Box 394A

Subscribed and sworn to before me this 30th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-30-93 *, authorizing the marriage of* EDWARD MICHAEL CICIERKO *and* CINDY 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,* EDWARD MICHAEL CICIERKO *of* HENDRICKS *County* IN *(state), and* CINDY LOU SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-30-93 *. Signed by:* /s/ REV. RICHARD ZORE, ROMAN CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 305

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 ☐
If No, Medical Examination or Report Dated 6-21-93
Name of Physician N. Blenden

MALE APPLICANT

Name: First Jeffrey Middle David Last Bostic
Date of Birth: Month 1 Day 7 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 6870 103rd St. Apt 213 City Jacksonville County Duval State Fla.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father David Wayne Bostic
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Raichel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 30 JUNE 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address SAME AS ABOVE
Subscribed and sworn to before me this 30TH day of JUNE, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Leanne Middle Marie Last Gaddie
Date of Birth: Month 1 Day 1 Year 72
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 419 Dunn St City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Edmond Lee Gaddie, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Mitchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leanne M. Gaddie Date 30 JUNE 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Leanne M. Gaddie
New Address 6870 103 RD ST APT 213, JACKSONVILLE, FL 32210
Subscribed and sworn to before me this 30TH day of JUNE, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-30-93 *, authorizing the marriage of* JEFFREY DAVID BOSTIC *and* LEANNE MARIE GADDIE *. 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,* JEFFREY DAVID BOSTIC *of* HENDRICKS *County* IN *(state), and* LEANNE MARIE GADDIE *of* HENDRICKS *County* IN *(state) were 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/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 306

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 ☐
If No, Medical Examination or Report Dated 6-25-93
Name of Physician P Moriarty, M.D.

MALE APPLICANT

Name: First James Middle Michael Last Rice

Date of Birth: Month 4 Day 28 Year 49

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 9175 N. Wilson Rd. City Brownsburg County State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Hugh Lee Rice
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Ruth Haehl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Beech Grove, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James M Rice Date 6/30/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James M Rice

New Address SAME

Subscribed and sworn to before me this 30th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Christine Middle Elaine Last Trimble

Date of Birth: Month 7 Day 17 Year 61

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 9175 N. Wilson Rd City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Andrew R. Trimble 9 yrs.
   Sarah R Trimble 5 yrs.
6. (a) Full name of applicant's father Raymond Edward Schmutte
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Helen Ann Spurgeon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christine E Trimble Date 6-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Christine E Trimble

New Address SAME

Subscribed and sworn to before me this 30th day of June, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-30-93 *, authorizing the marriage of* JAMES MICHAEL RICE *and* CHRISTINE ELAINE TRIMBLE *. I further certify that the following marriage certificate was filed in my office: I,* HAROLD LEININGER II *(name), certify that on* JULY 31, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JAMES MICHAEL RICE *of* HENDRICKS *County* IN *(state), and* CHRISTINE ELAINE TRIMBLE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-31-93 *. Signed by:* /s/ HAROLD LEININGER II *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 307

File

7-1-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-28-93
Name of Physician R. Stegemiller M.D.

MALE APPLICANT

Name First Robert Middle Frank Last Vondersaar

Date of Birth Month 3 Day 24 Year 58

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address Street or R.R. 403 Mackey Rd City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Frank Vondersaar
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) In Hosp
   (b) Full maiden name of applicant's mother Dixie Lee Keith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robert Vondersaar Date 7-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Robert Vondersaar

New Address SAME

Subscribed and sworn to before me this 2nd day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Rita Middle Craig Last Chamness

Date of Birth Month 3 Day 12 Year 58

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 403 Mackey Rd City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Delon Craig
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) West Va.
   (b) Full maiden name of applicant's mother Norma Glee Sutherlin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rita C Chamness Date 7/1/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rita C. Chamness

New Address _____

Subscribed and sworn to before me this 2nd day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-2-93 *, authorizing the marriage of* ROBERT FRANK VONDERSAAR *and* RITA CRAIG CHAMNESS *. I further certify that the following marriage certificate was filed in my office: I,* J. MATT HARRISON *(name), certify that on* JULY 4, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,*

ROBERT FRANK VONDERSAAR *of* HENDRICKS *County* IN *(state), and*

RITA ROCHELLE CRAIG CHAMNESS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-4-93 *.*

Signed by: /s/ J. MATT HARRISON *,* PREACHER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 7-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 308

HENDRICKS County

File

7-1-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-1-93
Name of Physician J.M. Block, M.D.

MALE APPLICANT

Name: First Stephen Middle Michael Last Merz

Date of Birth: Month 3 Day 7 Year 59

Place of Birth (State or foreign country) Ridgewood N.J.

Residence Address: Street or R.R. 10 Michigan Rd. City Lehigh County Lee Co. State Fla.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages (1)

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Stephen M. Merz Jr. 13 yrs. Melissa Merz 10 yrs
6. (a) Full name of applicant's father Edward W. Merz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Mary A Poney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stephen M. Merz Date 7-1-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stephen M. Merz
New Address Same
Subscribed and sworn to before me this 1st day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sandra Middle Lee Last Bal

Date of Birth: Month 6 Day 9 Year 59

Place of Birth (State or foreign country) Milwaukee Wisc.

Residence Address: Street or R.R. 10 Michigan Rd. City Lehigh County Lee Co. State Fla.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages (1)

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Tonya Bal 12 yrs Anthony Bal Jr. 14 yrs., Sara Bal 9 yrs. Amber Bal 7 yrs.
6. (a) Full name of applicant's father William H. Zebrasky
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) ~~Wisc~~ Michigan
   (b) Full maiden name of applicant's mother Germaine U. Rabsenthal
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Sandra L Bal Date 7-1-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Sandra L Bal
New Address Same
Subscribed and sworn to before me this 1st day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-1-93 *, authorizing the marriage of* STEPHEN MICHAEL MERZ *and* SANDRA LEE BAL *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DODSON *(name), certify that on* JULY 8, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* STEPHEN MICHAEL MERZ *of* LEE *County* FLORIDA *(state), and* SANDRA LEE BAL *of* LEE *County* FLORIDA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-1-93 *. Signed by:* /s/ REV. DENNIS L. DODSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 309

HENDRICKS County

File

7-2-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-28-90
Name of Physician T. Poe, M.D.

MALE APPLICANT

Name: First Jerry Middle Joseph Last Sparks
Date of Birth: Month 9 Day 11 Year 60
Place of Birth (State or foreign country) Sullivan In.
Residence Address: Street or R.R. 415 S. Kentucky St. City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Jerry C. Sparks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Merom, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy H. Shepler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) D Merom, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jerry Joseph Sparks Date 7/2/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jerry Joseph Sparks
New Address SAME
Subscribed and sworn to before me this 2nd day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Connie Middle Jo Last Oppy
Date of Birth: Month 11 Day 26 Year 62
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 415 S. Kentucky St. City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ryan Matthew Oppy 7yrs.
6. (a) Full name of applicant's father Donald H. Covey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathleen G. VanMeter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Connie J Oppy Date 7/2/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Connie J Oppy
New Address Same as above
Subscribed and sworn to before me this 2nd day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-2-93 *, authorizing the marriage of* JERRY JOSEPH SPARKS *and* CONNIE JO OPPY *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* JULY 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY JOSEPH SPARKS *of* HENDRICKS *County* IN *(state), and* CONNIE JO OPPY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-2-93 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 310

HENDRICKS County

File

7-2-93
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 ☐ 6-30-93
If No, Medical Examination or Report Dated
Name of Physician A. Hupman D.O.

MALE APPLICANT

Name: First James Middle Earl Last Price

Date of Birth: Month 6 Day 14 Year 64

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. 416 N. Center St apt 24 City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Raymond Earl Price
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cloverdale, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ila Marie Collier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cloverdale, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James E. Price Date 7/2/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James E. Price

New Address Same

Subscribed and sworn to before me this 2nd day of July, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Ann Last Landes

Date of Birth: Month 6 Day 3 Year 65

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. 416 N Center St Apt 24 City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David Lee Landes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Reelsville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Carol Montgomery
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Reelsville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lori A. Landes Date 7-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lori A. Landes

New Address Same

Subscribed and sworn to before me this 2nd day of July, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-2-93 *, authorizing the marriage of* JAMES EARL PRICE *and* LORI ANN LANDES *. I further certify that the following marriage certificate was filed in my office: I,* GARY D. COLLIER *(name), certify that on* AUGUST 7, 1993 *(date), at* CLOVERDALE *in* PUTNAM *County, Indiana,* JAMES EARL PRICE *of* HENDRICKS *County* IN *(state), and* LORI ANN LANDES *of* HENDRICKS *County* IN *(state) were 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/ GARY D. COLLINS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 311

File

7-2-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Nicholas D. Prochoroff

MALE APPLICANT

Name: First Robert Middle Allen Last Ramsdell Jr.
Date of Birth: Month 12 Day 26 Year 66
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. RR 1 Box 433 City Clayton County HENDRICKS State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Rachel, Misty
6. (a) Full name of applicant's father Robert A. Ramsdell Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alton IN
   Birthplace of father (State or foreign country) Alaska
   (b) Full maiden name of applicant's mother Linda Ann Jackson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hoopston IL
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Robert A Ramsdell Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Robert A Ramsdell
New Address
Subscribed and sworn to before me this 2 day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Debbie Middle Lou Last Stearley
Date of Birth: Month 10 Day 17 Year 57
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. ⊖ same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-3-86
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Neraka, Nicole, Alexander
6. (a) Full name of applicant's father Earl Ray Burns
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Thelma Louise Groves
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Leigh High Acres FL
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Debbie Stearley Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Debbie Stearley
New Address
Subscribed and sworn to before me this 2 day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-2-93 *, authorizing the marriage of* ROBERT ALLEN RAMSDELL JR. *and* DEBBIE L. STEARLEY *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT A. RAMSDELL JR. *of* HENDRICKS *County* IN *(state), and* DEBBIE L. STEARLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-2-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 312

HENDRICKS County

File

7-2-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-6-93
Name of Physician Katherine M. Hafer
Kenneth Ryder, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Allan Last Bourne
Date of Birth: Month 12 Day 8 Year 62
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 1504 Wildwood Ct City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father J. Edwin Bourne
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Washington D.C.
   (b) Full maiden name of applicant's mother Constance Jay McClintock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeffrey Allan Bourne Date 7/2/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jeffrey Allan Bourne
New Address 1222 Almond Dr Plfd IN 46168
Subscribed and sworn to before me this 2nd day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Brenda Middle - Last Sullivan
Date of Birth: Month 9 Day 6 Year 60
Place of Birth (State or foreign country) Chicago, Il.
Residence Address: Street or R.R. 1222 Almond Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Marissa Sullivan 5 1/2 yrs.
6. (a) Full name of applicant's father Robert Sullivan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) Illinois ?
   (b) Full maiden name of applicant's mother Janie Couch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Whiteland, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brenda Sullivan Date 7-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brenda Sullivan
New Address Same
Subscribed and sworn to before me this 2nd day of June, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-2-93 *, authorizing the marriage of* JEFFREY ALLAN BOURNE *and* BRENDA SULLIVAN *. I further certify that the following marriage certificate was filed in my office: I,* JOHN CALDWELL *(name), certify that on* JULY 17, 1993 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* JEFFREY ALLAN BOURNE *of* HENDRICKS *County* IN *(state), and* BRENDA SULLIVAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-17-93 *. Signed by:* /s/ JOHN CALDWELL *,* SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 313

HENDRICKS County

File

7-2-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician L. Trammell, M.D.

MALE APPLICANT

Name: First Brian Middle James Last Johnson
Date of Birth: Month 7 Day 3 Year 70
Place of Birth (State or foreign country) Crawfordsville, In.
Residence Address: Street or R.R. 310 Green st City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Reggie Dean Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Merletta Mae Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian J. Johnson Date 7/2/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brian J. Johnson
New Address 1012 Ridgewood Dr. Plfd., In.
Subscribed and sworn to before me this 2nd day of July, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Dawn Last Henson
Date of Birth: Month 2 Day 3 Year 74
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 955 Randall Rd City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Kenneth Dale Henson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Davida Faye McCreary
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kim Henson Date 7/2/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kim Henson
New Address 1012 Ridgewood Dr Plfd., In.
Subscribed and sworn to before me this 2nd day of July, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-2-93 *, authorizing the marriage of* BRIAN JAMES JOHNSON *and* KIMBERLY DAWN HENSON *. I further certify that the following marriage certificate was filed in my office: I,* GREGORY LEE RATLIFF *(name), certify that on* JULY 10, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* BRIAN JAMES JOHNSON *of* HENDRICKS *County* IN *(state), and* KIMBERLY DAWN HENSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-2-93 *. Signed by:* /s/ GREGORY LEE RATLIFF *,* SR. MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 314

HENDRICKS County

File

7-6-93
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 The Medical Lab. Indpls.

MALE APPLICANT

Name: First Edward Middle Lee Last Albright Jr.
Date of Birth: Month 11 Day 9 Year 74
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 409 Railroad St. City Lizton County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Edward Lee Albright Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Donna Marie Harvey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lizton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Edward Albright Jr Date 7/6/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Edward Albright Jr 7/6/93
New Address Same as above
Subscribed and sworn to before me this 6 day of July 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Dawn Last Fraser
Date of Birth: Month 9 Day 19 Year 75
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 842D E. 725 N City B'burg State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father John E. Fraser
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Charlotte I. Fisher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kimberly Fraser Date 7/6/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kimberly Fraser
New Address _____
Subscribed and sworn to before me this 6 day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father X John E Fraser ID # 307 42 2499
Mother _____ ID # _____
Subscribed and sworn to before me this 6 day of July, 19 93
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-7-93 *, authorizing the marriage of* EDWARD L. ALBRIGHT, JR. *and* KIMBERLY D. FRASER *. I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER, JR. *(name), certify that on* JULY 10, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* EDWARD L. ALBRIGHT, JR. *of* HENDRICKS *County* IN *(state), and* KIMBERLY D. FRASER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-7-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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To Whom it may Concern:
I give my Permission
for Kimberly D. Fraser
to marry On July 10, 1993.

Charlotte Fraser

STate of INdiana

County of Residence: Hamilton

Subscribed and sworn before me on the 30th day of June, 1993.

-- Mary Louise Schuler
Notary Public

My commission expires: 11/24/94

AGE LICENSE

No. 314

_____ County

File _____

7-6-93
Date of Application

Applicant 50 No ☒ Yes ☐
Medical Examination or Report Dated
of Physician The Medical Lab. Indpls.

FEMALE APPLICANT

First	Middle	Last
Kimberly	Dawn	Fraser

Month	Day	Year
9	19	75

or foreign country) IN

Street or R.R. 725 N City B'burg County State IN

us: Never Married ☒ OR No. of Previous Marriages

By: Death ☐ Divorce ☐ Annulment ☐ Date

by: ☒ Birth Certificate ☐ Other (Specify)

or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
"yes," has the adjudication been removed? No ☐ Yes ☐
ed to the male applicant closer than second cousin? No ☒ Yes ☐
under the influence of an alcoholic beverage? No ☒ Yes ☐
under the influence of a narcotic drug? No ☒ Yes ☐
ames of any dependent children. —

6. (a) Full name of applicant's father John E. Fraser
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) B'burg IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Charlotte I. Fisher
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) B'burg IN
Birthplace of mother (State or foreign country) IN

6. (a) Full name of applicant's father Edward Lee Albright Sr.
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Liston IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Donna Marie Harvey
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Liston IN
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kimberly Fraser Date 7/6/93

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Edward Talbright Jr. Date 7/6/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kimberly Fraser

New Address _____

Subscribed and sworn to before me this 6 day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Edward Talbright Jr. 7/6/93

New Address Same as above

Subscribed and sworn to before me this 6 day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father X John E. Fraser ID # 307 42 2499

Mother _____ ID # _____

Subscribed and sworn to before me this 6 day of July, 19 93

Connie Lawson Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-7-93 *, authorizing the marriage of* EDWARD L. ALBRIGHT, JR. *and* KIMBERLY D. FRASER *. I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER, JR. *(name), certify that on* JULY 10, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* EDWARD L. ALBRIGHT, JR. *of* HENDRICKS *County* IN *(state), and* KIMBERLY D. FRASER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-7-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 315

File

7-6-93
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 6-22-93
Name of Physician M. Bayer, M.D.

MALE APPLICANT

Name First Michael Middle John Last Wolfcale

Date of Birth Month 5 Day 10 Year 57

Place of Birth (State or foreign country) Ft. Wayne, In.

Residence Address 8455 1/2 N 650 E Street or R.R. Brownsburg City, In. State County

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Lee Wolfcale
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St. Charles, Mo.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Rose Rita Noonan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) St. Charles, Mo.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael J. Wolfcale Date 7-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael J. Wolfcale
New Address same

Subscribed and sworn to before me this 6th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name First Audrey Middle Adline Last Denson

Date of Birth Month 10 Day 3 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 8455 1/2 N 650 E Street or R.R. Brownsburg City, In. State County

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father John Abott Denson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Whiteland, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Frances Elaine Hudson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Whiteland, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Audry Denson Date 7-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Audrey Denson
New Address same

Subscribed and sworn to before me this 6th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-6-93 *, authorizing the marriage of* MICHAEL JOHN WOLFCALE *and* AUDRY ADLINE DENSON *. I further certify that the following marriage certificate was filed in my office: I,* REV. VINCENT P. LAMPERT *(name), certify that on* JULY 10, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL JOHN WOLFCALE *of* HENDRICKS *County* IN *(state), and* AUDRY ADLINE DENSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-6-93 *. Signed by:* /s/ REV. VINCENT P. LAMPERT *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 316

HENDRICKS County

File

7-6-93
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 7-2-93
Name of Physician D. Meng

MALE APPLICANT

Name: First Kevin Middle Wayne Last Schriber

Date of Birth: Month 1 Day 23 Year 66

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R.R. 11418 Tulip Dr. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Trey Austin Schriber 3 yrs.
6. (a) Full name of applicant's father Earnest Lee Schriber
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna May Mitchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kevin Schriber Date 7-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kevin Schriber

New Address 11418 Tulip Dr Plainfield

Subscribed and sworn to before me this 6th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tammy Middle Dawn Last Scott

Date of Birth: Month 9 Day 12 Year 73

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 821 Lindley Ave City Marion County Indianapolis State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Gary Lee Shue
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diana Marie Weddle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tammy Scott Date 7-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Tammy Scott

New Address 11418 Tulip Dr. - Plainfield

Subscribed and sworn to before me this 6th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-6-93 *, authorizing the marriage of* KEVIN WAYNE SCHRIBER *and* TAMMY DAWN SCOTT *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 6, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KEVIN WAYNE SCHRIBER *of* HENDRICKS *County* IN *(state), and* TAMMY DAWN SCOTT *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-6-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317

File

7-6-93 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 7-26-93
Name of Physician R. Harrell, M.D.

MALE APPLICANT

Name: First Gary Middle Allen Last Pellom
Date of Birth: Month 3 Day 13 Year 69
Place of Birth (State or foreign country) Chicago Hts Ill.
Residence Address: 133 N 475 E Street or R.R. Danville City, In. County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Ralph Pellom
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Doris Ann Calbert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gary A. Pellom Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gary A. Pellom
New Address
Subscribed and sworn to before me this 6th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Darci Middle Jane Last Miller
Date of Birth: Month 11 Day 14 Year 70
Place of Birth (State or foreign country) Danville In.
Residence Address: 3603 S. Clarks Creek Rd Street or R.R. Indpls. City In. County (Hend) State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Rex Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Lee Williamson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Darci Miller Date 7-26-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Darci Miller
New Address
Subscribed and sworn to before me this 26th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-26-93 *, authorizing the marriage of* GARY ALLEN PELLOM *and* DARCI JANE MILLER *. I further certify that the following marriage certificate was filed in my office: I,* HUBERT GREEN *(name), certify that on* JULY 31, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* GARY ALLEN PELLOM *of* HENDRICKS *County* IN *(state), and* DARCI JANE MILLER *of* HENDRICKS *County* IN *(state) were 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/ HUBERT GREEN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 318

HENDRICKS County

File

7-6-93
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 ☐ 7-16-93
If No, Medical Examination or Report Dated
Name of Physician Family Health Care

MALE APPLICANT

Name: First James Middle Lawrence Last Acord

Date of Birth: Month 10 Day 19 Year 63

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 4851 Locust St City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Lawrence Lee Acord
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Betty Lou Klohr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James Lawrence Acord Date 7-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James Lawrence Acord

New Address SAME

Subscribed and sworn to before me this 6th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Haddon

Date of Birth: Month 4 Day 21 Year 67

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. R14 Box 161 City Brazil County Clay State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Samuel Marion Haddon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brazil In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Kay Hoffmann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brazil In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Patricia Ann Haddon Date 7-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Patricia A. Haddon

New Address 4851 Locust St Danville, IN 46122

Subscribed and sworn to before me this 6th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ *County* _____ *Court, by written order issued* _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-16-93 *, authorizing the marriage of* JAMES LAWRENCE ACORD *and* PATRICIA ANN HADDON *. I further certify that the following marriage certificate was filed in my office: I,* DANIEL L. FRENCH *(name), certify that on* JULY 17, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES LAWRENCE ACORD *of* HENDRICKS *County* IN *(state), and* PATRICIA ANN HADDON *of* CLAY *County* IN *(state) were 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/ 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 319

File

7-7-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-7-93
Name of Physician Dr. Edwards, M.D.

MALE APPLICANT

Name: First Timothy Middle Allen Last Cooper
Date of Birth: Month 11 Day 6 Year 60
Place of Birth (State or foreign country): Martinsville In.
Residence Address: Street or R.R. 3950 N 1000 E Lot 37 City Brownsburg, County State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father George Richard Cooper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville, In.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Hazel Kay Satterfield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Timothy A Cooper Date 7-7-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Timothy A Cooper
New Address SAME
Subscribed and sworn to before me this 7th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tammy Middle Ruth Last Hughes
Date of Birth: Month 7 Day 9 Year 66
Place of Birth (State or foreign country): Kingsport Tenn.
Residence Address: Street or R.R. 3950 N 1000 E City Lot 37 County Brownsburg, State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Natasha Spring Cooper Hughes 4 yrs.
6. (a) Full name of applicant's father John Kyra Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Naomi Ruth Howington
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tammy R. Hughes Date 7-7-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tammy R. Hughes
New Address Same
Subscribed and sworn to before me this 7th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 320

HENDRICKS County

File

7-8-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-2-93
Name of Physician Tom Edwards, M.D.

MALE APPLICANT

Name: First David Middle Lee Last McDowell

Date of Birth: Month 7 Day 15 Year 75

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 5540 N 1000 E City Brownsburg, In. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Austin Lee McDowell 2½ mo.
6. (a) Full name of applicant's father Ronald Lee McDowell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Farmer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David Lee McDowell Date 7/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David Lee McDowell

New Address SAME

Subscribed and sworn to before me this 8th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father Ronald L. McDowell ID # 307-38-4509

Mother Patricia A. McDowell ID # 314425187

Subscribed and sworn to before me this 8th day of July, 1993

Connie Lawson Clerk

FEMALE APPLICANT

Name: First Stacey Middle Lynn Last Austin

Date of Birth: Month 8 Day 28 Year 74

Place of Birth (State or foreign country) ~~Indianapolis~~ Danville, In.

Residence Address: Street or R.R. 16 Margie Dr. City Brownsburg, In. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Austin Lee McDowell 2½ mo.
6. (a) Full name of applicant's father Robert Hall Austin Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet ~~Elaine~~ Darlene Greer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stacey Lynn Austin Date 7/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stacey Lynn Austin

New Address 5540 N. 1000 E. Brownsburg, In.

Subscribed and sworn to before me this 8th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-8-93 *, authorizing the marriage of* DAVID LEE McDOWELL *and* STACEY LYNN AUSTIN *. I further certify that the following marriage certificate was filed in my office: I,* LYNN COLEMAN *(name), certify that on* JULY 17, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID LEE McDOWELL *of* HENRICKS *County* IN *(state), and* STACEY LYNN AUSTIN *of* HENDRICKS *County* IN *(state) were 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/ LYNN COLEMAN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 321

File

7-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination of Report Dated 6-14-93
Name of Physician Robert Judge M.D.

MALE APPLICANT

Name: First Thomas Middle Anthony Last Carew

Date of Birth: Month 1 Day 21 Year 61

Place of Birth (State or foreign country) Shelbyville, In.

Residence Address: Street or R.R. 200 Nicole Blvd City Ind. County Hend. State Indpls, In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Robert Gene Carew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greensburg, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Marilyn Jane Keaton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greensburg, In.
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Cheryl Middle Denice Last Morgan

Date of Birth: Month 2 Day 28 Year 69

Place of Birth (State or foreign country) Geneva, In.

Residence Address: Street or R.R. 9354 C Tower Bridge Rd. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Calvin Eugene Morgan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Geneva In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joan Kay Ausgburger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Geneva In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Thomas A Carew Date 7/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Thomas A Carew

New Address Same

Subscribed and sworn to before me this 8 day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cheryl D. Morgan Date 7/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cheryl D. Morgan

New Address 200 Nicole Blvd Indy, IN 46234

Subscribed and sworn to before me this 8 day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-8-93 *, authorizing the marriage of* THOMAS ANTHONY CAREW *and* CHERYL DENICE MORGAN *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE D. BILLEISEN *(name), certify that on* JULY 16, 1993 *(date), at* CARMEL *in* HAMILTON *County, Indiana,* THOMAS ANTHONY CAREW *of* HENDRICKS *County* IN *(state), and* CHERYL DENICE MORGAN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-8-93 *Signed by:* /s/ GEORGE D. BILLEISEN *,* MINISTER *(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*

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470

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 322

HENDRICKS County

File

7-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-6-93
Name of Physician L. Walraven D.O.

MALE APPLICANT

Name: First Harold Middle Keith Last Pearman
Date of Birth: Month 4 Day 14 Year 40
Place of Birth (State or foreign country) Gary, In.
Residence Address: Street or R.R. RR 1 Box 126 City Lizton, In. County Hend. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Merle Pearman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana.
   (b) Full maiden name of applicant's mother Elinar Jane Simmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crown Point, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Harold Keith Pearman Date 7-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Harold Keith Pearman
New Address _____
Subscribed and sworn to before me this 8th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Grace Last Uhelhor
Date of Birth: Month 11 Day 7 Year 51
Place of Birth (State or foreign country) Grand Rapids, Mi.
Residence Address: Street or R.R. 575 N. Madison #1506 City Chicago, Ill.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Frank Snow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Grand Rapids, Mi.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Audrey Ruth Wagner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Grand Rapids, Mi.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cynthia Grace Uhelhor Date 7-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Cynthia Grace Uhelhor
New Address RR1 Box 126, Lizton In 46149
Subscribed and sworn to before me this 8th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-8-93 *, authorizing the marriage of* HAROLD KEITH PEARMAN *and* CYNTHIA GRACE UBELHOR *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* JULY 8, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* HAROLD KEITH PEARMAN *of* HENDRICKS *County* IN *(state), and* CYNTHIA GRACE UBELHOR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-8-93 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 323

HENDRICKS County

File

7-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-22-93
Name of Physician Richard Mayrose, M.D.

MALE APPLICANT

Name: First Geoffrey Middle Ryan Last Payne

Date of Birth: Month 10 Day 21 Year 68

Place of Birth (State or foreign country) Bluffton, In.

Residence Address: Street or R.R. 5451 Lakewood Trail Ct. City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Kenneth L. Payne
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Chesterton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda S. Coe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Chesterton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Geoffrey R. Payne Date 7-8-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Geoffrey R. Payne
New Address Same
Subscribed and sworn to before me this 8th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lynne Last Hudock

Date of Birth: Month 2 Day 5 Year 71

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. 3388 E. Canal Dr. City Vigo County Terre Haute, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father John Samuel Hudock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Ellen Barbin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer L Hudock Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer L Hudock
New Address 5451 Lakewood Trails Ct.
Subscribed and sworn to before me this 12th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

Clayton, In. 46118

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-12-93 *, authorizing the marriage of* GEOFFREY RYAN PAYNE *and* JENNIFER LYNNE HUDOCK *. I further certify that the following marriage certificate was filed in my office: I,* PHILIP G. MEYER *(name), certify that on* JULY 31, 1993 *(date), at* TERRE HAUTE *in* VIGO *County, Indiana,* GEOFFREY RYAN PAYNE *of* HENDRICKS *County* IN *(state), and* JENNIFER LYNNE HUDOCK *of* VIGO *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-31-93 *. Signed by:* /s/ PHILIP G. MEYER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 324

HENDRICKS County

File

7-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-26-93
Name of Physician Richard Hensell, M.D.

MALE APPLICANT

Name: First Jeffery Middle Allen Last Stone
Date of Birth: Month 8 Day 2 Year 68
Place of Birth (State or foreign country) Muncie In.
Residence Address: Street or R.R. 8976 E. St Rd 45 City Plainfield State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Alton Delmore Stone
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Romelle Fay Martin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Castle, In.
   Birthplace of mother (State or foreign country) Tenn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeffery A. Stone Date 7/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
Signed Jeffery A. Stone
New Address _____
Subscribed and sworn to before me this 8th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

I swear/affirm that the information given in this application is true and correct.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Gale Last Winkler
Date of Birth: Month 9 Day 6 Year 69
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 295 W main City Danville County Hend. State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father William Basil Winkler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Mable Almedia Underwood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Patricia Gale Winkler Date 7/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
Signed Patricia Gale Winkler
New Address _____
Subscribed and sworn to before me this 8th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

I swear/affirm that the information given in this application is true and correct.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-8-93 *, authorizing the marriage of* JEFFERY ALLEN STONE *and* PATRICIA GALE WINKLER *. I further certify that the following marriage certificate was filed in my office: I,* A. W. FARNSWORTH IV *(name), certify that on* JULY 10, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFERY ALLEN STONE *of* MONROE *County* IN *(state), and* PATRICIA GALE WINKLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-8-93 *Signed by:* /s/ A. W. FARNSWORTH IV *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 325

HENDRICKS County

File

7-8-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-2-93
Name of Physician Dr. D. Dickerson, M.D.

MALE APPLICANT

Name: First Frank Middle Carl Last Fields

Date of Birth: Month 11 Day 24 Year 70

Place of Birth (State or foreign country) Franklin In.

Residence Address: Street or R.R. 9880 W 10th Lot 34-3 City Hend County Indpls, In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Allen Fields
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred Irene Beckert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Frank C Fields Date 7/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Frank C Fields
New Address Same
Subscribed and sworn to before me this 8th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lora Middle Ann Last Osborn

Date of Birth: Month 5 Day 31 Year 63

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 9880 W 10th Lot 34-3 City Indianapolis County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Jerry L. Robertson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lebanon In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lora Gladys Hitchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lebanon, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lora A Osborn Date 7/8/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lora A Osborn
New Address SAME
Subscribed and sworn to before me this 8th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-8-93 *, authorizing the marriage of* FRANK CARL FIELDS *and* LORA ANN OSBORN *. I further certify that the following marriage certificate was filed in my office: I,* REV. SUSAN N. DEVERALL *(name), certify that on* JULY 24, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* FRANK CARL FIELDS *of* HENDRICKS *County* IN *(state), and* LORA ANN OSBORN *of* HENDRICKS *County* IN *(state) were 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 *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 326

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 or Report Dated
Name of Physician

MALE APPLICANT

Name First Clarence Middle Raymond Last Greene
Date of Birth Month 12 Day 3 Year 18
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. 17 Taylor Ct. City Danville, County, State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1988
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clarence R. Greene
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura Banks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Clarence R Greene Date 7-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Clarence R Greene
New Address 4 N. BURNS DR BROWNSBURG, IN
Subscribed and sworn to before me this 9th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

FEMALE APPLICANT

Name First Martha Middle Carolyn Last Hartwig
Date of Birth Month 7 Day 18 Year 34
Place of Birth (State or foreign country) Centertown, Ky.
Residence Address Street or R.R. 4 N Burns Dr. City Brownsburg, County, State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ennis Tichnor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hartford, Ky.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Wilma Austin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hartford, Ky.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Martha C. Hartwig Date 7-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Martha C. Hartwig
New Address same
Subscribed and sworn to before me this 9th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-9-93 *, authorizing the marriage of* CLARENCE RAYMOND GREENE *and* MARTHA CAROLYN HARTWIG *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 9, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CLARENCE RAYMOND GREENE *of* HENDRICKS *County* IN *(state), and* MARTHA CAROLYN HARTWIG *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-9-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 327

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 Michael Pizzato M.D.

MALE APPLICANT

Name: First Stephan Middle Bruce Last Sutton
Date of Birth: Month 4 Day 5 Year 72
Place of Birth (State or foreign country) Tulsa, Ok.
Residence Address: Street or R.R. 7 Oaks Bay 22-G City Lizton County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Wayne Sutton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, In.
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Stephanie Kay Doty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lizton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stephan B Sutton Date 7/19/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Stephan B Sutton
New Address SAME
Subscribed and sworn to before me this 19th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lynn Last Kennedy
Date of Birth: Month 10 Day 11 Year 74
Place of Birth (State or foreign country) Danville, In
Residence Address: Street or R.R. RR 2 Box 237K City Pittsboro County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Owen Kennedy, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro In.
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Barbara Kay Dodge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro In.
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer Kennedy Date 7-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer Kennedy
New Address 7 Oaks Bay 122-G Lizton In.
Subscribed and sworn to before me this 9th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-19-93 *, authorizing the marriage of* STEPHAN BRUCE SUTTON *and* JENNIFER LYNN KENNEDY *. I further certify that the following marriage certificate was filed in my office: I,* LARRY L. BELLVILLE *(name), certify that on* JULY 24, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* STEPHAN BRUCE SUTTON *of* HENDRICKS *County* IN *(state), and* JENNIFER LYNN KENNEDY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-19-93 *. Signed by:* /s/ LARRY L. BELLVILLE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 328

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 or Report Dated
Name of Physician David Haggard

MALE APPLICANT

Name: First Allen Middle Troy Last Tomlinson

Date of Birth: Month 5 Day 11 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR1 Box 390 31 City Clayton County IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-92'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father ~~Homer~~ Omer Allen Tomlinson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Joyce Ann Lumpkin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Allen T. Tomlinson Date 7/9/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Allen T. Tomlinson

New Address _____

Subscribed and sworn to before me this 9th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michele Middle Patricia Last Holzknecht

Date of Birth: Month 6 Day 1 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 356 Pinnacle Ln City Plfd. County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Thomas Lee Holzknecht
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Judith Ann Groninger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michele P. Holzknecht Date 7/9/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michele P. Holzknecht

New Address 356 Pinnacle Lane Plainfield 46168

Subscribed and sworn to before me this 9th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-9-93 *, authorizing the marriage of* ALLEN TROY TOMLINSON *and* MICHELE PATRICIA HOLZKNECHT *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* JULY 24, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ALLEN TROY TOMLINSON *of* HENDRICKS *County* IN *(state), and* MICHELE PATRICIA HOLZKNECHT *of* HENDRICKS *County* IN *(state) were 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/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 329

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 or Report Dated 7-13-93
Name of Physician L. Herger, M.D.

MALE APPLICANT

Name: First Jeremy Middle Lee Last Wright

Date of Birth: Month 8 Day 16 Year 73

Place of Birth (State or foreign country) Largo Fla.

Residence Address: Street or R.R. 644 Harlan St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Larry Chester Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Paula Jean Kimberly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeremy L Wright Date 7-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jeremy L Wright
New Address SAME

Subscribed and sworn to before me this 9th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Michele Last Day

Date of Birth: Month 12 Day 3 Year 70

Place of Birth (State or foreign country) Shelbyville, In.

Residence Address: Street or R.R. 821 S. Walnut City Seymour County Jackson State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Roger Eugene Day
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Seymour In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Ann Colvin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Seymour In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cynthia M Day Date 7-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cynthia M Day
New Address 644 Harlan St. Plainfield, IN

Subscribed and sworn to before me this 9th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-14-93 *, authorizing the marriage of* JEREMY LEE WRIGHT *and* CYNTHIA MICHELE DAY *. I further certify that the following marriage certificate was filed in my office: I,* LARRY C. WRIGHT *(name), certify that on* AUGUST 7, 1993 *(date), at* SEYMOUR *in* JACKSON *County, Indiana,* JEREMY LEE WRIGHT *of* HENDRICKS *County* IN *(state), and* CYNTHIA MICHELE DAY *of* JACKSON *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-14-93 *. Signed by:* /s/ LARRY C. WRIGHT *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 330

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 or Report Dated 7-9-93
Name of Physician J. M. Doe, M.D.

MALE APPLICANT

Name: First Kevin Middle Paul Last Norman
Date of Birth: Month 6 Day 13 Year 70
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 8 Mars Ln City Danville County , State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Larry L. Norman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Audrey E. Branson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin P. Norman Date 7/9/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kevin P. Norman
New Address 153 Sycamore St. Brownsburgh In.
Subscribed and sworn to before me this 7th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle R Last Summers
Date of Birth: Month 8 Day 15 Year 70
Place of Birth (State or foreign country) Greencastle In.
Residence Address: Street or R.R. 153 Sycamore St. City Brownsburg County , State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father James H. Summers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary F. Love
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Angela R. Summers Date 7/9/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Angela R. Summers
New Address SAME
Subscribed and sworn to before me this July day of 9, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-9-93, *authorizing the marriage of* KEVIN PAUL NORMAN *and* ANGELA RENEE SUMMERS. *I further certify that the following marriage certificate was filed in my office: I,* ANDREW J. SIMKINS *(name), certify that on* JULY 31, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KEVIN PAUL NORMAN *of* HENDRICKS *County* IN *(state), and* ANGELA RENEE SUMMERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-31-93. *Signed by:* /s/ DR. ANDREW J. SIMKINS, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 331

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 or Report Dated
Name of Physician Dr Wilmot

MALE APPLICANT

Name: First Jimmie Middle Lee Last Schuster
Date of Birth: Month 4 Day 18 Year 54
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 29 Oakwood Ct City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1979
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jimmie Lee II - 17 yrs.
   Stacey Lynn - 15 yrs.
6. (a) Full name of applicant's father Charles P. Schuster
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Florence Freige
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jimmie L. Schuster Date 7-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jimmie L. Schuster
New Address SAME
Subscribed and sworn to before me this 9th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Barbara Middle Kay Last Allen
Date of Birth: Month 12 Day 21 Year 55
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 202 N 200 W City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Clifford Burdine
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Ola Turner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Barbara K Allen Date 7/9/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Barbara K Allen
New Address 29 Oakwood Ct Brownsburg, In
Subscribed and sworn to before me this 9th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-9-93 *, authorizing the marriage of* JIMMIE LEE SCHUSTER *and* BARBARA KAY ALLEN *. I further certify that the following marriage certificate was filed in my office: I,* DAVID BERTHOLD *(name), certify that on* JULY 10, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JIMMIE LEE SCHUSTER *of* HENDRICKS *County* IN *(state), and* BARBARA KAY ALLEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-9-93 *. Signed by:* /s/ DAVID BERTHOLD *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 332

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 7-3-93
Name of Physician Cathy Jenkins

MALE APPLICANT

Name: First John Middle Franklin Last Liphardt Jr.

Date of Birth: Month 4 Day 2 Year 63

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 292 E. Broadway City St. Danville County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the female applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
5.	List the full names of any dependent children.		

6. (a) Full name of applicant's father John F. Liphardt
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) North Salem, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Marcia May Corprider
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) North Salem In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John F Liphardt Jr Date 7-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John F Liphardt Jr
New Address SAME

Subscribed and sworn to before me this 9th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Treva Middle Dean Last Davis

Date of Birth: Month 7 Day 2 Year 62

Place of Birth (State or foreign country) Elizabeth City, N.C.

Residence Address: Street or R.R. 292 E. Broadway City St. Danville County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1983

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the male applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
5.	List the full names of any dependent children.	Daniel Justin Davis 12yrs.	

6. (a) Full name of applicant's father Ernest L. Miller
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Daytona Beach, Fl.
Birthplace of father (State or foreign country) N. Car.
(b) Full maiden name of applicant's mother Azeline Taylor
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Jacksonville, N.C.
Birthplace of mother (State or foreign country) N.C.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Treva Davis Date 7-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Treva Davis
New Address Same

Subscribed and sworn to before me this 9th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-9-93 *, authorizing the marriage of* JOHN F. LIPHARDT, JR. *and* TREVA M. DAVIS *. I further certify that the following marriage certificate was filed in my office: I,* FR. C. S. CHESEBROUGH *(name), certify that on* JULY 14, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN F. LIPHARDT, JR. *of* HENDRICKS *County* IN *(state), and* TREVA M. DAVIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-14-93 *. Signed by:* /s/ FR. C. S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS
Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 333

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 ☐
If No, Medical Examination or Report Dated 7-12-93
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Jason Middle Matthew Last Chambers

Date of Birth: Month 6 Day 23 Year 72

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 1493 S City Rd 525 W City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the female applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐

5. List the full names of any dependent children.
Jessica Chambers 14 mo.

6. (a) Full name of applicant's father Calvin T. Weatherly
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Winchester, In.
Birthplace of father (State or foreign country) Va.
(b) Full maiden name of applicant's mother Linda Sue Brooks
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Danville, In.
Birthplace of mother (State or foreign country) Texas.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jason Mchambers Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jason Mchambers
New Address Same

Subscribed and sworn to before me this 12th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Marie Last Wiles

Date of Birth: Month 1 Day 18 Year 73

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. Rt #1 Box 140 City Crawfordsville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the male applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐

5. List the full names of any dependent children. /

6. (a) Full name of applicant's father John Klyn Wiles
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Crawfordsville, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Adeanna Marguerite Scott
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Crawfordsville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Angela M. Wiles Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Angela M. Wiles
New Address 1493 S. CR 525 W. Danville, IN

Subscribed and sworn to before me this 12th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-12-93 *, authorizing the marriage of* JASON MATTHEW CHAMBERS *and* ANGELA MARIE WILES *. 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,* JASON MATTHEW CHAMBERS *of* HENDRICKS *County* IN *(state), and* ANGELA MARIE WILES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-12-93 *. Signed by:* /s/ GREGORY LEE RATLIFF *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS
Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 334

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 ☐
If No, Medical Examination or Report Dated 3-2-93
Name of Physician D. Franke, M.D.

MALE APPLICANT

Name First Daniel Middle Francis Last Zielinski

Date of Birth Month 1 Day 11 Year 63

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R. 507 Raintree Dr. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Daniel Norbert Zielinski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Roseann Roach
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Daniel Zielinski Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Daniel Zielinski

New Address SAME

Subscribed and sworn to before me this 12th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Patricia Middle Mae Last Lamm

Date of Birth Month 9 Day 21 Year 61

Place of Birth (State or foreign country) New Albany, In.

Residence Address Street or R.R. 8908 Riverbend Ct. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Milton Arthur Lamm
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jeffersonville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeanne Rosellen Curry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jeffersonville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Patricia M Lamm Date 7/12/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Patricia M Lamm 7/12/93

New Address 507 Raintree Dr., Danville, IN

Subscribed and sworn to before me this 12th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-12-93 *, authorizing the marriage of* DANIEL FRANCIS ZIELINSKI *and* PATRICIA MAE LAMM *. I further certify that the following marriage certificate was filed in my office: I,* FATHER C. S. CHESEBROUGH *(name), certify that on* JULY 17, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DANIEL FRANCIS ZIELINSKI *of* HENDRICKS *County* IN *(state), and* PATRICIA MAE LAMM *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-17-93 *. Signed by:* /s/ FR. C. S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 335

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 ☐
If No, Medical Examination or Report Dated 7-
Name of Physician H. Edward Campbell

MALE APPLICANT

Name First Marcus Middle Allen Last Proehl
Date of Birth Month 2 Day 28 Year 52
Place of Birth (State or foreign country) Camp LaJeune N.C.
Residence Address Street or R.R. 315 Welcome Way Blvd City Indpls County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Marcus Levi Proehl
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Angola In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beverly Lee Musser
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Angola In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Marcus A. Proehl Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Marcus A. Proehl
New Address 139 Duffey St
Subscribed and sworn to before me this 12th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Susan Middle Barbara Last Burns
Date of Birth Month 5 Day 9 Year 52
Place of Birth (State or foreign country) Terre Haute, In.
Residence Address Street or R.R. 139 Duffey St. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Scott Allen Burns 17 yrs.
6. (a) Full name of applicant's father James Joseph Lucarelli
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Jean Briner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Susan B Burns Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Susan B Burns
New Address Same
Subscribed and sworn to before me this 12th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-12-93 *, authorizing the marriage of* MARCUS ALLEN PROEHL *and* SUSAN BARBARA BURNS *. I further certify that the following marriage certificate was filed in my office: I,* REV. BEVERLY PROEHL *(name), certify that on* JULY 17, 1993 *(date), at* ANGOLA *in* STEUBEN *County, Indiana,* MARCUS ALLEN PROEHL *of* MARION *County* IN *(state), and* SUSAN BARBARA BURNS *of* HENDRICKS *County* IN *(state) were 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/ REV. BEVERLY PROEHL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 336

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
Name of Physician Roche Biomedical Lab.

MALE APPLICANT

Name: First David Middle Eugene Last Ikerd

Date of Birth: Month 7 Day 15 Year 59

Place of Birth (State or foreign country) Bombalder, Germany

Residence Address: Street or R.R. 417 Allen Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Karl Eugene Ikerd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patty Beavers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bedford, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David Ikerd Date 7/12/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David Ikerd

New Address Same

Subscribed and sworn to before me this 12th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Samyeh Middle — Last Bancroft

Date of Birth: Month 10 Day 21 Year 69

Place of Birth (State or foreign country) Chicago, Il.

Residence Address: Street or R.R. 417 Allen Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Gary M. Bancroft 13 yrs.
6. (a) Full name of applicant's father Hasson Abdullah
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Chicago, Il.
   Birthplace of father (State or foreign country) Palestine
   (b) Full maiden name of applicant's mother Louvanda Stokes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Samyeh Bancroft Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Samyeh Bancroft

New Address Same

Subscribed and sworn to before me this 12th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-12-93 *, authorizing the marriage of* DAVID EUGENE IKERD *and* SAMYEH BANCROFT *. I further certify that the following marriage certificate was filed in my office: I,* DAVID R. THOMPSON *(name), certify that on* JULY 17, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DAVID EUGENE IKERD *of* HENDRICKS *County* IN *(state), and* SAMYEH BANCROFT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-12-93 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 337

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 ☐
If No, Medical Examination or Report Dated 6-14-93
Name of Physician M. Boyer, M.D.

MALE APPLICANT

Name: First James Middle Thomas Last Carlson
Date of Birth: Month 7 Day 15 Year 70
Place of Birth (State or foreign country): Oakland, Illinois
Residence Address: Street or R.R. RR 1 Box 224-81 City Pittsboro County State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Daniel Charles Carlson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Orland Park, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Virginia Marie Brennan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Orland Park, Ill.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James T. Carlson Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James T. Carlson
New Address 231 HAMILTON BROWNSBURG, IN
Subscribed and sworn to before me this 12 day of JULY, 19 93
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Ann Last Kelley
Date of Birth: Month 8 Day 12 Year 69
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R.R. Rt 1 Box 224-81 City Pittsboro County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father William B. Kelley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra J. Vaughn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lou Ann Kelley Date 7/12/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lou Ann Kelley
New Address 231 Hamilton Brownsburg, IN
Subscribed and sworn to before me this 12 day of July, 19 93
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-12-93 *, authorizing the marriage of* JAMES THOMAS CARLSON *and* LORI ANN KELLEY *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILFRED E. DAY *(name), certify that on* AUGUST 14, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JAMES THOMAS CARLSON *of* HENDRICKS *County* IN *(state), and* LORI ANN KELLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-12-93 *. 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* 8-16-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 338

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 ☐
If No, Medical Examination or Report Dated 7-2-93
Name of Physician R. Hansell, M.D.

MALE APPLICANT

Name: First Robert Middle Morris Last Byers

Date of Birth: Month 11 Day 25 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 6020 E. 91 N #26 City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Ricky Neal Byers
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Avon, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred Annett Lambert
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Avon, In.
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robert Byers Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date —

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Robert Byers

New Address Same

Subscribed and sworn to before me this — day of —, 19—

— Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of *HENDRICKS*) ss:

Father — ID # —

Mother — ID # —

Subscribed and sworn to before me this — day of —, 19—

— Clerk

FEMALE APPLICANT

Name: First Lisa Middle Gail Last Ausman

Date of Birth: Month 9 Day 19 Year 69

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R.R. 6020 E. 91 N #26 City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
   Danielle Ausman - 3 yrs.
6. (a) Full name of applicant's father Alvin Allan Newby
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Avon, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Darlene Sue Davis
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Avon, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa G. Ausman Date 7-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date —

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lisa G. Ausman

New Address Same

Subscribed and sworn to before me this — day of —, 19—

— Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of *HENDRICKS*) ss:

Father — ID # —

Mother — ID # —

Subscribed and sworn to before me this — day of —, 19—

— Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-12-93 *, authorizing the marriage of* ROBERT MORRIS BYERS *and* LISA GAIL AUSMAN *. I further certify that the following marriage certificate was filed in my office: I,* PATRICK L McDORNON *(name), certify that on* AUGUST 28, 1993 *(date), at* BROOKLYN *in* MORGAN *County, Indiana,* ROBERT MORRIS BYERS *of* HENDRICKS *County* IN *(state), and* LISA GAIL AUSMAN *of* HENDRICKS *County* IN *(state) were 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/ PATRICK L. McDORNON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 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 ☐
If No, Medical Examination or Report Dated 7-8-93
Name of Physician Steven Atkins, M.D.

MALE APPLICANT

Name: First Karl Middle Victor Last Sanders

Date of Birth: Month 6 Day 4 Year 69

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. RR 15 Box 228-H City Indpls. County Johnson State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Karlis - Sanders
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Latvia
   (b) Full maiden name of applicant's mother Sharon Mae Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karl Victor Sanders Date 7-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Karl Victor Sanders
New Address 1413 1/2 COLUMBIA ST. Laf. IN 47904

Subscribed and sworn to before me this 13th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Katherine Middle Anne Last Zimmerman

Date of Birth: Month 4 Day 13 Year 71

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 239 Maxwellton Rd. City Noblesville County Hamilton State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Glenn Michael Zimmerman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Noblesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Kay Buckwalter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Noblesville, In.
   Birthplace of mother (State or foreign country) Rhode Island

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Katherine A Zimmerman Date 7-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Katherine A Zimmerman
New Address 1413½ Columbia St. Laf. IN 47904

Subscribed and sworn to before me this 21st day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-13-93 *, authorizing the marriage of* KARL VICTOR SANDERS *and* KATHERINE ANNE ZIMMERMAN *. I further certify that the following marriage certificate was filed in my office: I,* HAROLD R. WALKER *(name), certify that on* JULY 24, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KARL VICTOR SANDERS *of* JOHNSON *County* IN *(state), and* KATHERINE ANNE ZIMMERMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-13-93 *. Signed by:* /s/ HAROLD R. WALKER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 340

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated 7-13-93
Name of Physician R. Horsell, M.D.

MALE APPLICANT

Name: First Gregary Middle Kyle Last King

Date of Birth: Month 8 Day 11 Year 65

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. 1664 Windmill Dr. City Plainfield County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Joshua Ring 5 yrs.
   Heather Ring 3 yrs.
6. (a) Full name of applicant's father Kenneth Wayne Ring
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyne Jo Usery
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gregay K. King Date 7-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gregay K. King
New Address same

Subscribed and sworn to before me this 13th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Ann Last Ruggieri

Date of Birth: Month 9 Day 8 Year 67

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: Street or R.R. 1664 Windmill Dr. City Plainfield County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Michael Joseph Ruggieri
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Phyllis Marie Mann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kathleen Ann Ruggieri Date 7/13/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kathleen Ann Ruggieri
New Address same

Subscribed and sworn to before me this 13th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-13-93 *, 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 *(name), certify that on* AUGUST 28, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* GREGORY KYLE RING *of* HENDICKS *County* IN *(state), and* KATHLEEN ANN RUGGIERI *of* HENDRICKS *County* IN *(state) were 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 *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-1-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 341

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 ☐
If No, Medical Examination or Report Dated 7-15-93
Name of Physician Robert Hoaens, M.D.

MALE APPLICANT

Name First Travis Middle William Last Lawrence
Date of Birth Month / Day 30 Year 74
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. RR2 Box 339 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Morris William Lawrence
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diane Kay Kenworthy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Travis Lawrence Date 7-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Travis Lawrence
New Address 4643 Lynnfield Dr. Apt 953
Subscribed and sworn to before me this 13th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Regina Middle Kay Last Morris
Date of Birth Month 10 Day 15 Year 74
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. RR2 Box 34 City Crawfordsville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father James Lester Morris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lora Lynan Keeney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crawfordsville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Regina Morris Date 7-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Regina Morris
New Address 4643 Lynnfield Dr. Apt 953 Indy, 46254
Subscribed and sworn to before me this 13th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-16-93 *, authorizing the marriage of* TRAVIS WILLIAM LAWRENCE *and* REGINA KAY MORRIS *. I further certify that the following marriage certificate was filed in my office: I,* DAN SMETZER *(name), certify that on* JULY 24, 1993 *(date), at* AMO *in* HENDRICKS *County, Indiana,* TRAVIS WILLIAM LAWRENCE *of* HENDRICKS *County* IN *(state), and* REGINA KAY MORRIS *of* HENDRICKS *County* IN *(state) were 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* 7-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 342

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated 7-12-93
Name of Physician Dr. Johnson MD

MALE APPLICANT

Name: First Kent Middle J. Last Davis
Date of Birth: Month 10 Day 11 Year 65
Place of Birth (State or foreign country) Danville.
Residence Address: Street or R.R. Ono Stilesville Rd City Ono County Hend State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Leon James Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Barbara Jane Hillman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Kent J Davis Date 7-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Kent J Davis
New Address
Subscribed and sworn to before me this 13th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Kimberly Middle L. Last Wallace
Date of Birth: Month 4 Day 16 Year 68
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R.R. 210 Andrews Blvd City Plainfield County Hend State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gerald Lynn. Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Kathy Ann Palmer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Kimberly L Wallace Date 7/13/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Kimberly L Wallace
New Address
Subscribed and sworn to before me this 13th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-13-93 *, authorizing the marriage of* KENT JAMES DAVIS *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 *in* HENDRICKS *County, Indiana,* KENT JAMES DAVIS *of* HENDRICKS *County* IN *(state), and* KIMBERLY LYNN WALLACE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-7-93 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 343

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 ☐ 6-27-93
If No, Medical Examination or Report Dated
Name of Physician John Timothy Jr. M.D.

MALE APPLICANT

Name: First Scott Middle Arthur Last Thomas

Date of Birth: Month 8 Day 31 Year 58

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R.R. 631 S Emerson Ave City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Vaughn Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Sabastian, FL.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann Scott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Scott A Thomas Date 7-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Scott A. Thomas

New Address SAME

Subscribed and sworn to before me this 13th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shawnna Middle Lyn Last Robbins

Date of Birth: Month 3 Day 2 Year 71

Place of Birth (State or foreign country) Lawrenceburg In.

Residence Address: Street or R.R. RR 1 Box 214-E City Pittsboro County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Russell Arnold Robbins, Jr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marilyn Elizabeth Hoff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Shawnna Lyn Robbins Date 7-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Shawnna Lyn Robbins

New Address 1631 S. Emerson Ave, INdpls IN

Subscribed and sworn to before me this 07 day of 13, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-13-93 *, authorizing the marriage of* SCOTT ARTHUR THOMAS *and* SHAWNNA LYN ROBBINS *. I further certify that the following marriage certificate was filed in my office: I,* ANDREW KINSEY *(name), certify that on* JULY 17, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* SCOTT ARTHUR THOMAS *of* MARION *County* IN *(state), and* SHAWNNA LYN ROBBINS *of* HENDRICKS *County* IN *(state) were 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/ ANDREW P. KINSEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 344

HENDRICKS County

File

7-14-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-9-93
Name of Physician T W Keubler, M.D.

MALE APPLICANT

Name: First Shawn Middle Ray Last Long
Date of Birth: Month 7 Day 4 Year 66
Place of Birth (State or foreign country) Denver, Co.
Residence Address: Street or R.R. 3920 Avon Rd City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Jerry D Long
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Corydon, In.
   Birthplace of father (State or foreign country) Caldwell
   (b) Full maiden name of applicant's mother Gleora Sandshoe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Loretto, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Shawn Long Date 7-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
Signed Shawn Long
New Address SAME
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 14th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Lee Last McGuire
Date of Birth: Month 3 Day 25 Year 68
Place of Birth (State or foreign country) Michigan City, In.
Residence Address: Street or R.R. 3920 Avon Rd., City Plainfield, County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert F. McGuire
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Paris, Tenn.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret A. Riordan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Paris, Tenn.
   Birthplace of mother (State or foreign country) Tenn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Patricia L. McGuire Date 7-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
Signed Patricia L. McGuire
New Address SAME
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 14th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-14-93 *, authorizing the marriage of* SHAWN RAY LONG *and* PATRICIA LEE McGUIRE *. I further certify that the following marriage certificate was filed in my office: I,* REV. JAMES R. STUCK *(name), certify that on* AUGUST 7, 1993 *(date), at* MICHIGAN CITY *in* LAPORTE *County, Indiana,* SHAWN RAY LONG *of* HENDRICKS *County* IN *(state), and* PATRICIA LEE McGUIRE *of* HENDRICKS *County* IN *(state) were 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/ JAMES R. STUCK *,* SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 345

HENDRICKS County

File

7-14-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-13-93
Name of Physician D. Johnson, M.D.

MALE APPLICANT

Name: First James Middle A. Last Call
Date of Birth: Month 11 Day 9 Year 68
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 5115 W Maple Dr. City Danville County State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ashley Call 2 mo.
6. (a) Full name of applicant's father James Ralph Call
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Fay Sparks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Carmel, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James A Call Date 7-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James A Call
New Address 917 Winding Brook Pl
Subscribed and sworn to before me this 14th day of July, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Aileen Middle Kay Last Taber
Date of Birth: Month 8 Day 24 Year 73
Place of Birth (State or foreign country) Danville In
Residence Address: Street or R.R. 751 Andrews Blvd City Plainfield County State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ashley Call 2 mo.
6. (a) Full name of applicant's father Lester Gene Taber
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Yvonne Broman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Aileen Taber Date 7-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Aileen Taber
New Address 917 Winding Brook Pl(W.)
Subscribed and sworn to before me this 14th day of July, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-14-93 *, authorizing the marriage of* JAMES A. CALL *and* AILEEN KAY TABER *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM L. CLAY TON *(name), certify that on* JULY 17, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAMES A. CALL *of* HENDRICKS *County* IN *(state), and* AILEEN KAY TABOR *of* HENDRICKS *County* IN *(state) were 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/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 346

HENDRICKS County

File

7-14-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-2-93
Name of Physician M. Shapper, M.D.

MALE APPLICANT

Name: First Michael Middle Scott Last Brown
Date of Birth: Month 6 Day 6 Year 71
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1 Walnut Way Ct. City Brownsburg, In. County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Paul Clyde Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Priscilla Ann Stevens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant M. Scott Brown Date 7/14/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed M. Scott Brown
New Address
Subscribed and sworn to before me this 14th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

FEMALE APPLICANT

Name: First Michelle Middle Elaine Last Tibbs
Date of Birth: Month 12 Day 14 Year 71
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 918 Briarwood Dr. City Brownsburg, In. County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael Eugene Tibbs
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ann Amonette
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle E Tibbs Date 7/14/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michelle E Tibbs
New Address
Subscribed and sworn to before me this 14th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-14-93 *, authorizing the marriage of* MICHAEL SCOTT BROWN *and* MICHELLE ELAINE TIBBS *. I further certify that the following marriage certificate was filed in my office: I,* LARRY I. STIKETEATHER *(name), certify that on* AUGUST 7, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL SCOTT BROWN *of* HENDRICKS *County* IN *(state), and* MICHELLE ELAINE TIBBS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-14-93 *. Signed by:* /s/ LARRY I. STIKETEATHER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 347

File

7-14-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-14-93
Name of Physician Richard D. Floyd M.D.

MALE APPLICANT

Name: First Samuel Middle Joseph Last Denney
Date of Birth: Month 12 Day 1 Year 55
Place of Birth (State or foreign country) Martinsville, In.
Residence Address: Street or R.R. 1860 E. Morgan St. City Morgan Martinsville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Paul Denney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vera Vigna
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Samuel Joseph Denney Date 7-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Samuel Joseph Denney
New Address 374 Tradition Lane Danville
Subscribed and sworn to before me this 14th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Matchie Middle Luan Last Cameron
Date of Birth: Month 5 Day 15 Year 58
Place of Birth (State or foreign country) Big Spring Ty
Residence Address: Street or R.R. 2111 E. 100 N. City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Heather Cameron 14 yrs.
   Grant Cameron 11 yrs.
6. (a) Full name of applicant's father Charles Reid Fitzgibbons
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Phoenix, Az.
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Machie Morgan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Matchie Luan Cameron Date 7-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Matchie Luan Cameron
New Address 374 Tradition Lane Danville
Subscribed and sworn to before me this 14th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-14-93, *authorizing the marriage of* SAMUEL JOSEPH DENNEY *and* MATCHIE LUAN CAMERON. *I further certify that the following marriage certificate was filed in my office: I,* JOHN STRIFLOR *(name), certify that on* AUGUST 8, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SAMUEL JOSEPH DENNEY *of* MORGAN *County* IN *(state), and* MATCHIE LUAN CAMERON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-14-93. *Signed by:* /s/ JOHN F. STRIFLOR, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 348

HENDRICKS County

File

7-15-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Haggard

MALE APPLICANT

Name: First Freddie Middle Joe Last Crane Sr.

Date of Birth: Month 8 Day 15 Year 47

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 817 W. Green St. City Lebanon County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-24-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Larry, Gina, Brian
6. (a) Full name of applicant's father Thomas Merle Crane
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crawfordsville IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Frieda Floy Kincaid
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crawfordsville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Freddie Crane Sr. Date 7/15/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Freddie Crane Sr.
New Address 817 W. GREEN, LEBANON IN

Subscribed and sworn to before me this 15 day of July, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Audrey Middle Faye Last Palmer

Date of Birth: Month 10 Day 4 Year 44

Place of Birth (State or foreign country) OH

Residence Address: Street or R.R. 890 Ridgewood Dr. Apt #102C City Plfd. County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-2-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Howard Loret ~~M~~ Palmer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother ~~Be~~ Beulah Faye Wiseman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Woodville OH
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Audrey F. Palmer Date 7-15-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Audrey F. Palmer
New Address _____

Subscribed and sworn to before me this 15 day of July, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* JULY 15, 1993 *, authorizing the marriage of* FREDDIE JOE CRANE SR. *and* AUDREY FAYE PALMER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 15, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* FREDDIE JOE CRANE SR *of* BOONE *County* IN *(state), and* AUDREY FAYE PALMER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* JULY 15, 1993 *Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JULY 15, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 349

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 7-16-93
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Arlie Middle Lee Last Coke, Jr.

Date of Birth: Month 9 Day 16 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. PO Box 124 City Amo, County IN. State 46103

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Arlie Lee Coke Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nev.
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Charlene Hauk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Arlie Coke Date 7-28-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Arlie Coke

New Address _____

Subscribed and sworn to before me this 28th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Tiffany Middle Kay Last Steele

Date of Birth: Month 4 Day 26 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. PO Box 124 City Amo, County In. State 46103

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father David Lee Steele
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Kay Angick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pocahontas, Ill.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tiffany K. Steele Date 7-16-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Tiffany K. Steele

New Address _____

Subscribed and sworn to before me this 16th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-28-93, *authorizing the marriage of* ARLIE LEE COKE JR. *and* TIFFANY KAY STEELE. *I further certify that the following marriage certificate was filed in my office: I,* DAVID W. OSBORNE *(name), certify that on* AUGUST 14, 1993 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* ARLIE LEE COKE, JR. *of* HENDRICKS *County* IN *(state), and* TIFFANY KAY STEELE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-14-93. *Signed by:* /s/ DAVID W. OSBORNE, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 350

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, MD

MALE APPLICANT

Name: First TIMOTHY Middle CHRISTIAN Last ROBB

Date of Birth: Month JUNE Day 22 Year 1967

Place of Birth (State or foreign country): INDPLS, IN, MARION CO.

Residence Address: Street or R.R. 501 HANLEY ST, City PLAINFIELD, County, State IN

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father JERALD HENRY ROBB
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother JUDITA ANN TEDROWE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Timothy C. Robb Date X 7/16/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Timothy C. Robb

New Address Same

Subscribed and sworn to before me this 16th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First REBEKAH Middle LOUISE Last CLOSE

Date of Birth: Month MAY Day 17 Year 1971

Place of Birth (State or foreign country): EAST HAZEL CREST, ILLINOIS

Residence Address: Street or R.R. 320 HOLIDAY DR, City PLAINFIELD, County, State IN 46168

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father GARRY LEE CLOSE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother JANICE ANN FOGLE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Rebekah S. Close Date X 7/16/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Rebekah S. Close

New Address 501 Hanley Street

Subscribed and sworn to before me this 16th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-16-93, *authorizing the marriage of* TIMOTHY CHRISTIAN ROBB *and* REBEKAH LOUISE CLOSE. *I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE W. CURRY *(name), certify that on* JULY 24, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* TIMOTHY CHRISTIAN ROBB *of* HENDRICKS *County* IN *(state), and* REBEKAN LOUISE CLOSE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-16-93. *Signed by:* /s/ REV. GEORGE W. CURRY, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 351

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 7-13-93
Name of Physician Dang Delafield, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Donald Middle Lynn Last Sullivan	Name: First Katherine Middle Darlene Last Flynn
Date of Birth: Month 8 Day 3 Year 51	Date of Birth: Month 1 Day 8 Year 49
Place of Birth (State or foreign country): Seymour, In.	Place of Birth (State or foreign country): Lurton, Ark.
Residence Address: Street or R.R. 1323 Raymond St. City Plainfield County State In.	Residence Address: Street or R.R. 1323 Raymond St. City Plainfield 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 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.	Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ 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. Amber Flynn 12 yrs. Valerie Sehy 7 yrs.
6. (a) Full name of applicant's father Larry E. Sullivan	6. (a) Full name of applicant's father Oral Henry Adams
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Greetown, In.	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Arkansas
(b) Full maiden name of applicant's mother Laura Mae Hackley	(b) Full maiden name of applicant's mother Sally Jane Wheeler
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Greetown, In.	Residence of mother (if deceased, so state) Ozone, Ark.
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donald L. Sullivan Date 7-16-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Donald L. Sullivan

New Address Same

Subscribed and sworn to before me this 16th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant K. Darlene Flynn Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed K. Darlene Flynn

New Address SAME

Subscribed and sworn to before me this 16th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-16-93, *authorizing the marriage of* DONALD LYNN SULLIVAN *and* KATHERINE DARLENE FLYNN. *I further certify that the following marriage certificate was filed in my office: I,* REV. JAMES D. CLAYTON *(name), certify that on* JULY 24, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DONALD LYNN SULLIVAN *of* HENDRICKS *County* IN *(state), and* KATHERINE DARLENE FLYNN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-16-93. *Signed by:* /s/ REV. JAMES D. CLAYTON, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 352

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 ☐ 7-19-93
If No, Medical Examination or Report Dated
Name of Physician C. Wills, M.D.

MALE APPLICANT

Name: First DANIEL Middle WAYNE Last SCHUTTE

Date of Birth: Month OCTOBER Day 16, Year 1966

Place of Birth (State or foreign country): INDIANAPOLIS MARION CO, IN

Residence Address: Street or R.R. 506 ENDERLY AVE, APT 8 City BROWNSBURG, County, State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. JASON M. SCHUTTE, DANIEL W SCHUTTE
6. (a) Full name of applicant's father WILLIAM L SCHUTTE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother NORMA JEAN FREEMAN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Daniel W Schutte Date x7-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Daniel W Schutte

New Address _____

Subscribed and sworn to before me this 19th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First DAWN Middle LUANN Last ~~Last~~ BECK

Date of Birth: Month DECEMBER Day 13, Year 1968

Place of Birth (State or foreign country): GREENCASTLE, PUTNAM CO. IN.

Residence Address: Street or R.R. 506 ENDERLY AV. APT 8, City BROWNSBURG, County, State IN

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. DANIELLE L. BECK
6. (a) Full name of applicant's father FRED EDWARD BECK
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) TENNESSEE
   (b) Full maiden name of applicant's mother MYRTLE MAXINE NICELY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Dawn L. Beck Date x7-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Dawn L. Beck

New Address _____

Subscribed and sworn to before me this 19th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-19-93 *, authorizing the marriage of* DANIEL WAYNE SCHUTTE *and* DAWN LUANN BECK *. I further certify that the following marriage certificate was filed in my office: I,* DAVID KOVALOW-ST JOHN *(name), certify that on* JULY 24, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* DANIEL WAYNE SCHUTTE *of* HENDRICKS *County* IN *(state), and* DAWN LUANN BECK *of* HENDRICKS *County* IN *(state) were 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 353

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 7-16-93
Name of Physician R.K. Sterling, D.O.

MALE APPLICANT

Name: First James Middle Crafton Last Neeley
Date of Birth: Month 11 Day 11 Year 68
Place of Birth (State or foreign country): Greencastle, In.
Residence Address: Street or R.R. 213½ Wabash St City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father: James Marvin Neeley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Judith Ann Wallace
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indianapolis, In.
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James C. Neeley Date 7-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James C. Neeley
New Address Same
Subscribed and sworn to before me this 19th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Dorothy Middle Marie Last Willhoite
Date of Birth: Month 7 Day 22 Year 74
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R.R. 213½ Wabash St City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father: James Estle Willhoite
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indianapolis, In.
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Sharon Ann Bullock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indianapolis, In.
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dorothy Willhoite Date 7-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dorothy Willhoite
New Address Same
Subscribed and sworn to before me this 19th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* JAMES CRAFTON NEELEY *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), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES CRAFTON NEELEY *of* HENDRICKS *County* IN *(state), and* DOROTHY MARIE WILLHOITE *of* HENDRICKS *County* IN *(state) were 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/ REV. ELZA LAMB *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 354

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. Leedy

MALE APPLICANT

Name: First Ronald Middle Stephen Last Rader

Date of Birth: Month 9 Day 7 Year 70

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 4650 Winters Rd City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Russell Leray Rader
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Charlotte Ruth Murphy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ronald S. Rader Date 7/19/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ronald S. Rader

New Address 4640 Winters Rd. Plainfield IN 46168

Subscribed and sworn to before me this 19th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Eileen Last Hadley

Date of Birth: Month 6 Day 27 Year 74

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 10 Kenneth Ct. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Orvin Leon Hadley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diana Marie Wetherald
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa E. Hadley Date 7-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lisa E. Hadley

New Address 4640 Winters Rd. Plainfield, In 46168

Subscribed and sworn to before me this 19th day of July, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-20-93 *, authorizing the marriage of* RONALD STEPHEN RADER *and* LISA EILEEN HADLEY *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* AUGUST 14, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* RONALD STEPHEN RADER *of* HENDRICKS *County* IN *(state), and* LISA EILEEN HADLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-20-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

503

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 355

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 ☐ 7-20-93
If No, Medical Examination or Report Dated
Name of Physician R. Riello, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Alan Last Hedge

Date of Birth: Month 2 Day 1 Year 66

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. RR #1 Box 28-G City Lizton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Jimmie Albert Hedge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Lou Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brewersburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeffrey A. Hedge Date 7/19/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jeffrey A. Hedge
New Address 5 Jamie

Subscribed and sworn to before me this 19th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Marnie Middle Ann Last Robinson

Date of Birth: Month 11 Day 18 Year 66

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. R#1 Box 28-G City Lizton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Tiffany Michele Robinson 8yrs.
6. (a) Full name of applicant's father John Wayne Groover
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patsy Ann Grayson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Gardena, Ca.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Marnie A Robinson Date 7/20/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Marnie A Robinson
New Address same

Subscribed and sworn to before me this 20th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-20-93 *, authorizing the marriage of* JEFFREY ALAN HEDGE *and* MARNIE ANN ROBINSON *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 6, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFREY ALAN HEDGE *of* HENDRICKS *County* IN *(state), and* MARNIE ANN ROBINSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-6-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 356

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 7-15-93
Name of Physician Lisa Hurley M.D.

MALE APPLICANT

Name: First William Middle Michael Last Clements

Date of Birth: Month 11 Day 4 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 442 Varner Dr. City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. William Clements III 3 yrs.
6. (a) Full name of applicant's father William Albert Clements
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Joan Andrews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant William M. Clements Date 7/19/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed William M. Clements

New Address SAME

Subscribed and sworn to before me this 19TH day of JULY, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle Ann Last Clark

Date of Birth: Month 9 Day 15 Year 62

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. 442 Varner Dr. City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Eric Elkins 11 yrs.
   ~~Shannon Elkins 9 yrs.~~
   William Clements II 3 yrs.
6. (a) Full name of applicant's father Larry Keith Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cincinnati, Oh.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela English
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Orlando, Fl.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Laura Ann Clark Date 7/19/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Laura Ann Clark

New Address SAME

Subscribed and sworn to before me this 19th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-19-93 *, authorizing the marriage of* WILLIAM MICHAEL CLEMENTS *and* LAURA ANN CLARK *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 19, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WILLIAM MICHAEL CLEMENTS *of* HENDRICKS *County* IN *(state), and* LAURA ANN CLARK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-19-93 *. Signed by:* /s/ CINDY SPENCE *,* CLERK, 1ST DEPUTY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-93 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 357

HENDRICKS County

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 ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First David Middle Clifton Last Hartley
Date of Birth: Month 12 Day 25 Year 42
Place of Birth (State or foreign country) Tecumseh, Mi.
Residence Address: Street or R.R. 7482 Woodland Pl. City Pittsboro, County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wallace Leroy Hartley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Evelyn Ruth Tubbs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Elyria, Ohio
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David C. Hartley Date 7-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed David C. Hartley
New Address SAME
Subscribed and sworn to before me this 20th day of July, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Judith Middle Ann Last Hartley
Date of Birth: Month 5 Day 12 Year 43
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 7482 Woodland Pl. City Pittsboro, County State In.
Worcester, Ma.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Thomas Groves
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of applicant's mother Marjorie Peterson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Worcester, Ma.
   Birthplace of mother (State or foreign country) Mass.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Judith A. Hartley Date 7-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Judith A. Hartley
New Address Same
Subscribed and sworn to before me this 20th day of July, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-20-93 *, authorizing the marriage of* DAVID CLIFTON HARTLEY *and* JUDITH ANN HARTLEY *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 20, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID CLIFTON HARTLEY *of* HENDRICKS *County* IN *(state), and* JUDITH ANN HARTLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-20-93 *Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 358

HENDRICKS County

File

7-21-93
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 of Report Dated 7-2-93
Name of Physician L.M. Poe, M.D.

MALE APPLICANT

Name: First Phillip Middle Jerald Last Kimble
Date of Birth: Month 5 Day 28 Year 45
Place of Birth (State or foreign country) Defiance, Ohio
Residence Address: Street or R.R. 6250 Crystal Springs Dr. City Plainfield County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Walter Kimble
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Frances Sharpp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7/21/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address SAME AS ABOVE
Subscribed and sworn to before me this 21st day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Dottie Middle Lynn Last Mills
Date of Birth: Month 10 Day 3 Year 49
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 6250 Crystal Springs Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lee Thomas Hopkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Nellie Lee Bowman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dottie L. Mills Date 7/21/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dottie L. Mills
New Address SAME as above
Subscribed and sworn to before me this 21st day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* PHILLIP JERALD KIMBLE *and* DOTTIE LYNN MILLS *. I further certify that the following marriage certificate was filed in my office: I,* THOMAS J. DAVIS *(name), certify that on* AUGUST 7, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* PHILLIP JERALD KIMBLE *of* HENDRICKS *County* IN *(state), and* DOTTIE LYNN MILLS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-21-93 *. Signed by:* /s/ THOMAS J. DAVIS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 359

HENDRICKS County

File

7-21-93
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 7-12-93
Name of Physician R. Hansell, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First David Middle Matthew Last Smith	Name: First Yvonne Middle Amelia Last Benge
Date of Birth: Month 7 Day 29 Year 64	Date of Birth: Month 12 Day 8 Year 61
Place of Birth (State or foreign country): Danville In.	Place of Birth (State or foreign country): Indianapolis In.
Residence Address: 1527 Aubert St. Plainfield, In	Residence Address: 4045 Six Points Rd. Ind'pls, 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 ☒ Other (Specify) Dr. Lic.	Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ 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. Roger Byassee 14 yrs.
6. (a) Full name of applicant's father Marf Eugene Smith Jr.	6. (a) Full name of applicant's father Albert Earl Goger
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Plainfield In	Residence of father (if deceased, so state) Indpls. In.
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Barbara L Beckman	(b) Full maiden name of applicant's mother Patricia Louise Pieper
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Plainfield, In.	Residence of mother (if deceased, so state) Indpls., In.
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 that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: David M. Smith Date 7-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David M. Smith
New Address 4045 Six Points Rd.

Subscribed and sworn to before me this 21st day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Yvonne A. Benge Date 7-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Yvonne A. Benge
New Address same as above

Subscribed and sworn to before me this 21st day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* DAVID MATTHEW SMITH *and* YVONNE AMELIA BENGE *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* AUGUST 14, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID MATTHEW SMITH *of* HENDRICKS *County* IN *(state), and* YVONNE AMELIA BENGE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-14-93 *. Signed by:* /s/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 360

File

7-21-93
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 7-20-93
Name of Physician David Hadley, M.D.

MALE APPLICANT

Name: First Ernest Middle Alan Last Pike

Date of Birth: Month 7 Day 23 Year 74

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 115 1/2 S. Washington apt 2 City Danville County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Ernest Alan Pike
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Rosalie Russell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ernest Alan Pike Date 7/21/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ernest Alan Pike
New Address SAME

Subscribed and sworn to before me this 21st day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Louise Last Ooley

Date of Birth: Month 4 Day 1 Year 74

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 1121 E. 100 N. City Danville County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Gary Lee Ooley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Phyllis Mae Hawkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer Louise Ooley Date 07/21/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer Louise Ooley
New Address 116 1/2 SL Washington Danville In 46122

Subscribed and sworn to before me this 21st day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 *and* JENNIFER LOUISE OOLEY *. I further certify that the following marriage certificate was filed in my office: I,* FR. C. S. CHESEBROUGH *(name), certify that on* JULY 31, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ERNEST ALAN PIKE *of* HENDRICKS *County* IN *(state), and* JENNIFER LOUISE OOLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-31-93 *. Signed by:* /s/ FR. C. S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 361

HENDRICKS County

File

7-21-93
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 7-6-93
Name of Physician Dr. Druest, M.D.

MALE APPLICANT

Name: First Christopher Middle Eugene Last Thomas

Date of Birth: Month 11 Day 15 Year 66

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R.R. 4906 Turkey Foot Rd. City Zionsville State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Russell Wayne Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Vincennes In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Galen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Vincennes, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christopher Eugene Thom Date 7-21-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Christopher Eugene Thomas

New Address 10014 Osceola Dr Indpls IN 46234

Subscribed and sworn to before me this 21st day of July, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Anne Last English

Date of Birth: Month 2 Day 11 Year 67

Place of Birth (State or foreign country) Fort Oglethorpe, Ga.

Residence Address: Street or R.R. 10014 Osceola Dr. City Indpls County (Hend.) State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Kenneth Gwinn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arcadia, In.
   Birthplace of father (State or foreign country) Ft. Oglethorpe, Ga.
   (b) Full maiden name of applicant's mother Ruby Pickett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arcadia, In.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Elizabeth A. English Date 7/21/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Elizabeth A. English

New Address 10014 Osceola Dr. Indpls IN 46234

Subscribed and sworn to before me this 21st day of July, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* CHRISTOPOHER EUGENE THOMAS *and* ELIZABETH 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), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHRISTOPHER EUGENE THOMAS *of* HENDRICKS *County* IN *(state), and* ELIZABETH ANNE ENGLISH *of* BOONE *County* IN *(state) were 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. CLEGG, CHAPLAIN *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 362

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 7-20-93
Name of Physician K. Kruse, M.D.

MALE APPLICANT

Name: First Donald Middle Gene Last Young
Date of Birth: Month 11 Day 14 Year 58
Place of Birth (State or foreign country) Olathe Ks.
Residence Address: Street or R.R. 2322 Norris Dr. City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Billy Joe Young
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Frankfort, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sally Louise Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donald G Young Date 7-22-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Donald G Young
New Address SAME
Subscribed and sworn to before me this 22nd day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kathy Middle Lynn Last Harrison
Date of Birth: Month 9 Day 1 Year 55
Place of Birth (State or foreign country) Noblesville In.
Residence Address: Street or R.R. P O Box 524 City Brownsburg, County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Erin Harrison 17 yrs.
6. (a) Full name of applicant's father Bobbie Lawrence Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Zoe Lee McClure
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Noblesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kathy Lynn Harrison Date 7/22/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kathy Lynn Harrison
New Address 2322 Norris Dr. Indpls, In 46234
Subscribed and sworn to before me this 22nd day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-22-93 *, authorizing the marriage of* DONALD GENE YOUNG *and* KATHY LYNN HARRISON *. I further certify that the following marriage certificate was filed in my office: I,* PETER WATSON JENKINS *(name), certify that on* AUGUST 7, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* _____ DONALD GENE YOUNG *of* HENDRICKS *County* IN *(state), and* _____ KATHY LYNN HARRISON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-22-93 *. Signed by:* /s/ PETER W JENKINS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 363

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 7-22-93
Name of Physician Linda Martin, M.D.

MALE APPLICANT

Name: First Jay Middle Kent Last Rhodes

Date of Birth: Month 2 Day 4 Year 63

Place of Birth (State or foreign country) Lawrenceburg, In

Residence Address: Street or R.R. 1209 Reeves Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Burl Clayton Rhodes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Janette Bovard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jay K Rhodes Date 7-22-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jay K. Rhodes

New Address 4108 Talon LN Indpls IN 46234

Subscribed and sworn to before me this 22nd day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tonya Middle Marie Last Smith

Date of Birth: Month 5 Day 26 Year 70

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 1401 Pierce Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Howard Harvey Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Phyllis Jo Abbott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tonya M. Smith Date 7/22/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Tonya M. Smith

New Address 4168 Talon Ln. Indpls. IN. 46234

Subscribed and sworn to before me this 23rd day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-22-93 *, authorizing the marriage of* JAY KENT RHODES *and* TONYA MARIE SMITH *. I further certify that the following marriage certificate was filed in my office: I,* DONALD C. TRUEX *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAY KENT RHODES *of* HENDRICKS *County* IN *(state), and* TONYA MARIE SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-22-93 *Signed by:* /s/ DONALD C. TRUEX *,* EVANGELIST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 364

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 7-19-93
Name of Physician Dr. Sandemann, MD.

MALE APPLICANT

Name: First Gerald Middle Robert Last Stack Jr.
Date of Birth: Month 10 Day 18 Year 64
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 7830 Westerville Dr. City Clayton County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Gerald Robert Stack
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Rushton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Tammy Middle Lynn Last Chastain
Date of Birth: Month 5 Day 9 Year 63
Place of Birth (State or foreign country) Bell County Texas
Residence Address: Street or R.R. 7830 Westerville Dr. City Clayton County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Paul David Chastain
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharyn Kay Adele Houston
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gerald R Stack Jr Date 7-22

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gerald R Stack Jr
New Address _____
Subscribed and sworn to before me this 22nd day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tammy L. Chastain Date 7/22/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tammy L. Chastain
New Address _____
Subscribed and sworn to before me this 22nd day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-22-93, *authorizing the marriage of* GERALD ROBERT STACK, JR. *and* TAMMY LYNN CHASTAIN. *I further certify that the following marriage certificate was filed in my office: I,* REV. HOWARD D. ALLEN *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GERALD ROBERT STACK, JR. *of* HENDRICKS *County* IN *(state), and* TAMMY LYNN CHASTAIN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-22-93. *Signed by:* /s/ REV. HOWARD D. ALLEN, ELDER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 365

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 Can't read name Family Medical

MALE APPLICANT

Name First Frank Middle Lee Last Spelman

Date of Birth Month 4 Day 13 Year 66

Place of Birth (State or foreign country) Winsted, Ct.

Residence Address Street or R.R. 5 Suburban Dr. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Stanley Gordon Spelman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joy Ann Lo Mr Flack
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Anna Middle Marie Last Acton

Date of Birth Month 10 Day 13 Year 70

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. 5 Suburban Dr. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Donald Eugene Acton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Myrtle Katherine Hadley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Frank Lee Spelman Date 7/22/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Frank Lee Spelman
New Address Same

Subscribed and sworn to before me this 22nd day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Anna Acton Date 7/22/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Anna M. Acton
New Address Same

Subscribed and sworn to before me this 22nd day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-22-93 *, authorizing the marriage of* FRANK LEE SPELMAN *and* ANNA MARIE ACTON *. I further certify that the following marriage certificate was filed in my office: I,* STEVAN W. RANSON *(name), certify that on* JULY 23, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* FRANK LEE SPELMAN *of* HENDRICKS *County* IN *(state), and* ANNA MARIE ACTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-23-93 *. Signed by:* /s/ STEVAN W. RANSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 366

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Harris

MALE APPLICANT

Name: First Randall Middle E. Last Thomas

Date of Birth: Month 7 Day 21 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 66 Brandywine Ct. City Brownsburg County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Larry Eugene Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jean Christie Paulsen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) CA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Randall E. Thomas Date 7-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Randall E. Thomas
New Address

Subscribed and sworn to before me this 23rd day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Wendy Middle A. Last Justis

Date of Birth: Month 7 Day 1 Year 70

Place of Birth (State or foreign country)

Residence Address: Street or R.R. 10856 Black Oak Ct. City E. Danville County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Ferris Dale Justis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Sharon Louise Young
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Wendy Justis Date 7-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Wendy Justis
New Address

Subscribed and sworn to before me this 23rd day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-23-93 *, authorizing the marriage of* RANDALL E. THOMAS *and* WENDY A. JUSTIS *. I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* AUGUST 7, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* RANDALL E. THOMAS *of* HENDRICKS *County* IN *(state), and* WENDY A. JUSTIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-23-93 *. Signed by:* /s/ R. FRED RODKEY *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 367

HENDRICKS County

File

7-26-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination of Report Dated 7-15-93
Name of Physician M. Pizzata, M.D.

MALE APPLICANT

Name: First Dwight Middle Francis Last Barger

Date of Birth: Month 1 Day 5 Year 48

Place of Birth (State or foreign country) Peekskill, N. Y.

Residence Address: Street or R.R. 749 Maple Lane City Brownsburg, County, State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Dwight Francis Barger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Elenor Jane Weigle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Desert Hot Springs, Calif.
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dwight F Barger Date 7-26-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dwight F Barger

New Address SAME

Subscribed and sworn to before me this 26th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle Jean Last Barger

Date of Birth: Month 7 Day 14 Year 47

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 749 Maple Lane City Brownsburg, County, State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1976

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Bronko Yerich
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bessie Marie Coleman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donna J. Barger Date 7-26-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Donna J. Barger

New Address Same

Subscribed and sworn to before me this 26th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-26-93 *, authorizing the marriage of* DWIGHT FRANCIS BARGER *and* DONNA JEAN BARGER *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* AUGUST 7, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DWIGHT FRANCIS BARGER *of* HENDRICKS *County* IN *(state), and* DONNA JEAN BARGER *of* HENDRICKS *County* IN *(state) were 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/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 368

HENDRICKS County

File

7-26-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Henderson

MALE APPLICANT

Name: First John Middle Last Fry

Date of Birth: Month 10 Day 14 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 122 Smith Street City Pittsboro County State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Herbert Fry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Lee Shafer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X John S Fry Date 7-26-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X John S Fry

New Address 122 Smith Street Pittsboro

Subscribed and sworn to before me this 26 day of July, 19 93

Connie Lawson dp Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Hope Middle R. Last Stuffle

Date of Birth: Month 10 Day 03 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Route 1 Box 237C City Pittsboro County State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Hayley Stuffle
6. (a) Full name of applicant's father Richard Joe Stuffle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Ruth Nowling
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Hope R Stuffle Date 7/26/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Hope R. Stuffle

New Address X 122 Smith Street Pittsboro

Subscribed and sworn to before me this 26 day of July, 19 93

Connie Lawson dp Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-26-93 *, authorizing the marriage of* JOHN S. FRY *and* HOPE R. STUFFLE *. I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE PURNELL *(name), certify that on* AUGUST 14, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* JOHN S. FRY *of* HENDRICKS *County* IN *(state), and* HOPE R. STUFFLE *of* HENDRICKS *County* IN *(state) were 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 369

HENDRICKS County

File 7-26-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-12-93
Name of Physician L. DeDan, M.D.

MALE APPLICANT

Name: First Michael Middle Raymond Last Esamann

Date of Birth: Month 10 Day 08 Year 51

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 856 Chapletree Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Andrew Esamann 2 yrs.
6. (a) Full name of applicant's father Charles Raymond Esamann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elizabeth Chambers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael R. Esaman Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael R. Esaman
New Address 5668 Royal Troon

Subscribed and sworn to before me this 26th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Sue Last Weida

Date of Birth: Month 7 Day 26 Year 48

Place of Birth (State or foreign country) Frankfort, In.

Residence Address: Street or R.R. 5668 Royal Troon City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jason Michael Weida 1 1/2 yrs
6. (a) Full name of applicant's father William Marion Stevenson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft. Myers, Fl.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lois Vanclarion
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Janet S. Weida Date 7-26-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Janet S. Weida
New Address same

Subscribed and sworn to before me this 26th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-26-93 *, authorizing the marriage of* MICHAEL RAYMOND ESAMANN *and* JANET SUE WEIDA *. 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 *in* HENDRICKS *County, Indiana,* MICHAEL RAYMOND ESAMANN *of* MARION *County* IN *(state), and* JANET SUE WEIDA *of* HENDRICKS *County* IN *(state) were 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/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 370

HENDRICKS County

File

7-27-93
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Bridges

MALE APPLICANT

Name: First Bradley Middle Patrick Last Ott
Date of Birth: Month 2 Day 26 Year 70
Place of Birth (State or foreign country) El Paso, Tx.
Residence Address: Street or R.R. 319 E. Main St. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 199
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Jerry Lynn Ott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Franklin, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wendy Jo Patterson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Franklin In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Kristine Middle Michelle Last Moore
Date of Birth: Month 11 Day 3 Year 67
Place of Birth (State or foreign country) Franklin In.
Residence Address: Street or R.R. 319 E. Main City Brownsburg (Hend) County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages /
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Lloyd Vance Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lake Placid, Fla.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jacqueline Jo Manuel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Beech Grove, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bradley P. Ott Date 7.27.93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Bm Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Bradley P. Ott
New Address SAME
Subscribed and sworn to before me this 27th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kristine M. Moore Date 7/27/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kristine M. Moore
New Address SAME
Subscribed and sworn to before me this 27th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-27-93 *, authorizing the marriage of* BRADLEY PATRICK OTT *and* KRISTINE MICHELLE MOORE *. I further certify that the following marriage certificate was filed in my office: I,* DAVID C. JOHNSON *(name), certify that on* AUGUST 7, 1993 *(date), at* FRANKLIN *in* JOHNSON *County, Indiana,* BRADLEY PATRICK OTT *of* HENDRICKS *County* IN *(state), and* KRISTINE MICHELLE MOORE *of* HENDRICKS *County* IN *(state) were 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/ DAVID C. JOHNSON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 371

File

7-27-93
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 ☐
If No, Medical Examination or Report Dated 7-27-93
Name of Physician Mary Sapp, M.D.

MALE APPLICANT

Name: First Robert Middle Scott Last Orr

Date of Birth: Month 4 Day 1 Year 65

Place of Birth (State or foreign country) Ft. Lauderdale, Fla

Residence Address: Street or R.R. 2360 Gowdin Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jerry Neal Orr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Noblesville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Bonnie Maybelle Pearson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Noblesville, In.
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robert Scott Orr Date 7-27-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Robert Scott Orr
New Address SAME

Subscribed and sworn to before me this 27th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Donica Middle Ann Last Constant

Date of Birth: Month 9 Day 9 Year 72

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 2360 Gowdin Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Joshua Dennis Constant 2 yrs.

6. (a) Full name of applicant's father Donald Ray Constant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Mary Elizabeth Cramer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donica Constant Date 7-27-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Donica Constant
New Address same

Subscribed and sworn to before me this 27th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-27-93 *, authorizing the marriage of* ROBERT SCOTT ORR *and* DONICA ANN CONSTANT *. I further certify that the following marriage certificate was filed in my office: I,* DON GEIGER *(name), certify that on* AUGUST 21, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ROBERT SCOTT ORR *of* HENDRICKS *County* IN *(state), and* DONICA ANN CONSTANT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-21-93 *. Signed by:* /s/ DONAD M. GEIGER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 372

File

7.28.93
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 Laurence Spreacher

MALE APPLICANT

Name: First Andrew Middle Ross Last Selbee

Date of Birth: Month 5 Day 31 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3248 Smith Rd City Indpls. IN County Hendricks Co. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Kenneth Ray Selbee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Louise Benham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Andrew R. Selbee Date 7-28-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Andrew R. Selbee
New Address Same as above
Subscribed and sworn to before me this 28 day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Jewell Last Peters

Date of Birth: Month 2 Day 10 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ∈ Same City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Max Mollie Peters
   (If adopted, list adoptive parents only) Springville
   Residence of father (if deceased, so state) ~~Bedford~~ IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Frances Janine Berry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Springville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Rebecca J. Peters Date 7-28-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Rebecca J. Peters
New Address _____
Subscribed and sworn to before me this 28 day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* ANDREW ROSS SELBEE *and* REBECCA JEWELL PETERS *. I further certify that the following marriage certificate was filed in my office: I,* B. W. WILLIAMS *(name), certify that on* AUGUST 14, 1993 *(date), at* SPRINGVILLE *in* LAWRENCE *County, Indiana,* ANDREW ROSS SELBEE *of* HENDRICKS *County* IN *(state), and* REBECCA JEWELL PETERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-28-93 *. Signed by:* /s/ B. W. WILLIAMS *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 373

File

7-29-93
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 7-29-93
Name of Physician J. Block, M.D.

MALE APPLICANT

Name: First Brent Middle Anthony Last Boyd

Date of Birth: Month 7 Day 16 Year 71

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R.R. 5203 N 400 W City North Salem County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Gordon Francis Boyd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Salem, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan Ann Jackson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Brent A Boyd Date 29 July 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Brent A Boyd
New Address RR 1 Box 262A Pittsboro, In

Subscribed and sworn to before me this 29th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Janette Middle Suzanne Last Haggard

Date of Birth: Month 12 Day 13 Year 72

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR 1 Box 262 A City Pittsboro County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Karl Haggard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathie Jo Culver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Janette S Haggard Date 7/29/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Janette S Haggard
New Address same

Subscribed and sworn to before me this 29th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

/

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-29-93, *authorizing the marriage of* BRENT ANTHONY BOYD *and* JEANETTE SUZANNE HAGGARD. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRENT ANTHONY BOYD *of* HENDRICKS *County* IN *(state), and* JEANETTE 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 of* HENDRICKS *County, 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 7-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 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 ☐
If No, Medical Examination or Report Dated 7-28-93
Name of Physician Unable to read M.D.

MALE APPLICANT

Name: First James Middle — Last Rollison
Date of Birth: Month 9 Day 17 Year 66
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 5 Lickridge Ln. City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic. Receipt

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Byron Rollison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Moira Sue Grubb
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James Rollison Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James Rollison
New Address 5 Lickridge Lane, Danville
Subscribed and sworn to before me this 30th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Mae Last Kalfrat
Date of Birth: Month 12 Day 31 Year 59
Place of Birth (State or foreign country) Denver Co.
Residence Address: Street or R.R. 7472 Harrington Ct. City Marion County Indpls., State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jack Howard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Denver, Co.
   Birthplace of father (State or foreign country) Co.
   (b) Full maiden name of applicant's mother Barbara Ann Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Denver, Co.
   Birthplace of mother (State or foreign country) Co.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lisa Mae Kalfrat Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lisa M Kalfrat
New Address 5 Lickridge Lane Danville
Subscribed and sworn to before me this 30th day of July, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-30-93 *, authorizing the marriage of* JAMES ROLLISON *and* LISA MAE KALFRAT *. I further certify that the following marriage certificate was filed in my office: I,* REV. KENNETH SMITH *(name), certify that on* JULY 31, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAMES ROLLISON *of* HENDRICKS *County* IN *(state), and* LISA MAE KALFRAT *of* HENDRICKS *County* IN *(state) were 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/ REV. KENNETH SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 375

HENDRICKS County

File

7/29/93 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

MALE APPLICANT

Name: First Wilbur Middle E. Last Miller

Date of Birth: Month 10 Day 5 Year 28

Place of Birth (State or foreign country) Peru, INDIANA

Residence Address: Street or R.R. 65 E. 6th St. City Peru County Miami State Ind

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Lewis F. Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Martha A. Best
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Wilbur E. Miller Date 7-29-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Wilbur E. Miller

New Address Same as above

Subscribed and sworn to before me this 29 day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rachel Middle J. Last Mannies

Date of Birth: Month 9 Day 13 Year 31

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 1347 Colonial Ln City Danville County Hendricks State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father LeRoy Enyart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Edith V. King
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Rachel J. Mannies Date 7-29-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rachel J. Mannies

New Address 65 E. 6th St. Peru, In. 46970

Subscribed and sworn to before me this 29 day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-29-93 *, authorizing the marriage of* WILBUR EUGENE MILLER *and* RACHEL J. MANNIES *. I further certify that the following marriage certificate was filed in my office: I,* REV. HOWARD D. ALLEN *(name), certify that on* AUGUST 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WILBUR EUGENE MILLER *of* MIAMI *County* IN *(state), and* RACHEL J. MANNIES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-29-93 *. Signed by:* /s/ REV. HOWARD D. ALLEN *,* ELDER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 376

HENDRICKS County

File

7-29-93 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 7-19-93
Name of Physician J. Black, M.D.

MALE APPLICANT

Name: First Jason Middle Charles Last Chenoweth

Date of Birth: Month 1 Day 28 Year 71

Place of Birth (State or foreign country) Covington, Va.

Residence Address: Street or R.R. PO Box 616 City Welcome County State N.C.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Charles Homer Chenoweth
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Covington, Va.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Arlene Schoonover
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Covington, Va.
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jason Chenowell Date 7-29-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jason Chenowell
New Address SAME

Subscribed and sworn to before me this 29th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jill Middle Angela Last Weddle

Date of Birth: Month 10 Day 11 Year 71

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 7195 N 650 E City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Melvin C. Weddle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Sue Gibson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jill A. Weddle Date 7-29-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jill A. Weddle
New Address Box 616, Welcome, NC. 27374

Subscribed and sworn to before me this 29th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-31-93 *, authorizing the marriage of* JASON CHARLES CHENOWETH *and* JILL ANGELA WEDDLE *. I further certify that the following marriage certificate was filed in my office: I,* REV. DONALD TYLER *(name), certify that on* JULY 31, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JASON CHARLES CHENOWETH *of* ALLEGHANY *County* VA *(state), and* JILL ANGELA WEDDLE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-31-93 *. Signed by:* /s/ REV. DONALD TYLER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 377

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 ☐
If No, Medical Examination or Report Dated 7-16-93
Name of Physician Josue Villalta M.D.

MALE APPLICANT

Name: First Thomas Middle Joseph Last Berlier
Date of Birth: Month 3 Day 31 Year 59
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 205 Holiday Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Albert Leo Berlier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Delores Byers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Thomas J Berlier Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Thomas J. Berlier
New Address SAME
Subscribed and sworn to before me this 30th day of July, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kim Middle Ann Last Stokes
Date of Birth: Month 7 Day 13 Year 64
Place of Birth (State or foreign country) Hammond, In.
Residence Address: Street or R.R. 205 Holiday Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jedd M. Stokes 5 yrs.

6. (a) Full name of applicant's father Kendall E. Shank
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hammond, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Beverly A Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hammond, In.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kimberly A Stokes Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kimberly A Stokes
New Address SAME
Subscribed and sworn to before me this 30th day of July, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-30-93 *, authorizing the marriage of* 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 on* JULY 30, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS JOSEPH BERLIER *of* HENDRICKS *County* IN *(state), and* KIMBERLY ANN STOKES *of* HENDRICKS *County* IN *(state) were 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/ 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 378

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Jeffrey Boerter

MALE APPLICANT

Name: First Thomas; Middle Starling; Last Yearwood

Date of Birth: Month 5; Day 20; Year 58

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 218 N. Grant St.; City B'burg; County; State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christina, Amanda, & Debra
6. (a) Full name of applicant's father Gordon James Yearwood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Mary A. Eade
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) TX

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Thomas Yearwood Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Thomas Yearwood

New Address _____

Subscribed and sworn to before me this 30 day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Margo; Middle Jean; Last Thomas

Date of Birth: Month 3; Day 17; Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3661 Galburgh Dr. N.; City Indpls.; County; State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jessica & Danielle
6. (a) Full name of applicant's father Glen Allen Harshbarger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Berlington IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Dorothy Maxine Unger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Berlington IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Margo J. Thomas Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Margo J. Thomas

New Address Same as above

Subscribed and sworn to before me this 30 day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-30-93 *, authorizing the marriage of* THOMAS S. YEARWOOD *and* MARGO H. THOMAS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 30, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS S. YEARWOOD *of* HENDRICKS *County* IN *(state), and* MARGO H. THOMAS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-30-93 *. Signed by:* /s/ CINDY SPENCE 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 379

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 ☐
If No, Medical Examination or Report Dated 7-29-93
Name of Physician D. Drew, M.D.

MALE APPLICANT

Name: First Michael Middle Ernie Last Hall

Date of Birth: Month 12 Day 6 Year 53

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 1027 Woodland Trace City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Ryan Michael Hall 16 yrs.
   Matthew Andrew Hall 15 yrs.
6. (a) Full name of applicant's father Ernie Ivan Hall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Valee Harp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael E. Hall Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael E. Hall

New Address SAME

Subscribed and sworn to before me this 30th day of July, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle Sue Last Goldman

Date of Birth: Month 1 Day 9 Year 53

Place of Birth (State or foreign country) Evansville In.

Residence Address: Street or R.R. 1027 Woodland Trace City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Amy Goldman 15 yrs.
6. (a) Full name of applicant's father Ruben Eugene Shreve
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fairfield, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Gladys Irene Musgrave
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fairfield, Ill.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Deborah S. Goldman Date 7/30/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Deborah S. Goldman

New Address Same

Subscribed and sworn to before me this 30th day of July, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-30-93 *, authorizing the marriage of* MICHAEL ERNIE HALL *and* DEBORAH SUE GOLDMAN *. I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* AUGUST 7, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* MICHAEL ERNIE HALL *of* HENDRICKS *County* IN *(state), and* DEBORAH SUE GOLDMAN *of* HENDRICKS *County* IN *(state) were 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/ R. FRED RODKEY *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

528

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 380

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Charles Kelly

MALE APPLICANT

Name: First Stephen Middle Lee Last Garland

Date of Birth: Month 9 Day 20 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 204 City Lizton County IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Steven Lee Garland
6. (a) Full name of applicant's father Eddie Garland Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rita Loretta Becker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stephen Lee Garland Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Stephen Lee Garland

New Address SAME

Subscribed and sworn to before me this 30th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First ~~Selina~~ Sue Middle Annie Last Reed

Date of Birth: Month 9 Day 14 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ← Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) SS# 315-72-5287

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Selina Marie Martin, Zachary Marshall Lee Reed
6. (a) Full name of applicant's father Frank Edgar Parrish
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Betty Jane Tablor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Sue Reed Date 7-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Sue Reed

New Address SAME

Subscribed and sworn to before me this 30th day of July, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-30-93 *, authorizing the marriage of* STEPHEN LEE GARLAND *and* SUE ANNIE REED *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JULY 30, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEPHEN LEE GARLAND *of* HENDRICKS *County* IN *(state), and* SUE ANNIE REED *of* HENDRICKS *County* IN *(state) were 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/ 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 381

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Harris

MALE APPLICANT

Name: First MARK Middle D. Last PENDLETON

Date of Birth: Month 12 Day 17 Year 65

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 6389 W. Co. Rd. 1025 N., City NORTH SALEM, County HENDRICKS, State IN 46165

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DRIVER'S LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father ROBERT C. PENDLETON
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother RUTH ANN NICKOL
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mark D Pendleton Date 8-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Mark D. Pendleton
New Address SAME AS ABOVE

Subscribed and sworn to before me this 2 day of AUGUST, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Cheryl Middle L Last Moxley

Date of Birth: Month 1 Day 13 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6389 W. County Rd. 1025 N., City NORTH SALEM, County HENDRICKS, State IN 46165

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DRIVER'S LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father JERRY T. MOXLEY
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother JUDITH A. COATS
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Cheryl Moxley Date 8-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Cheryl Moxley
New Address SAME AS ABOVE

Subscribed and sworn to before me this 2 day of AUGUST, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-14-93, *authorizing the marriage of* MARK DAVID PENDLETON *and* CHERYL LYNN MOXLEY. *I further certify that the following marriage certificate was filed in my office: I,* REV. T. WYATT WATKINS *(name), certify that on* AUGUST 14, 1993 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* MARK DAVID PENDLETON *of* HENDRICKS *County* IN *(state), and* CHERYL LYNN MOXLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-14-93. *Signed by:* /s/ THE REV. T. WYATT WATKINS, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 382

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 ☐
If No, Medical Examination or Report Dated 7-8-93
Name of Physician Kathleen McMurray, M.D.

MALE APPLICANT

Name: Gerard (GERARD) First: Gerard Middle: F. Last: Mason

Date of Birth: Month 1 Day 5 Year 59

Place of Birth (State or foreign country): Ft. Wayne, In.

Residence Address: Street or R.R. R1 Box 163 City Leyton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harold I. Mason
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Huntington, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Genevieve L. Friese
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Huntington In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gerard F Mason Date 8-1-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gerard F Mason

New Address 1 Lawn

Subscribed and sworn to before me this 2nd day of Aug, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: Ann (Ann) First: Ann Middle: Christella Last: Green

Date of Birth: Month 12 Day 19 Year 60

Place of Birth (State or foreign country): Brazil, In.

Residence Address: Street or R.R. R1 Box 163 City Leyton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children. Hunter Caleb Mason 3 yrs.
6. (a) Full name of applicant's father Robert Irvin Green
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brazil, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Ann Marie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brazil, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ann C. Green Date 8-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ann C. Green

New Address 1 Lawn

Subscribed and sworn to before me this 2nd day of Aug, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-2-93 *, authorizing the marriage of* GERARD F. MASON *and* ANN CHRISTELLA GREEN *. I further certify that the following marriage certificate was filed in my office: I,* DEBORAH S. OTTINGER *(name), certify that on* AUGUST 2, 1993 *(date), at* LEBANON *in* BOONE *County, Indiana,* GERARD F. MASON *of* HENDRICKS *County* IN *(state), and* ANN CHRISTELLA GREEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-2-93 *. Signed by:* /s/ DEBORAH S. OTTINGER CLERK OF THE COURT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 383

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 ☐
If No, Medical Examination or Report Dated 7-26-93
Name of Physician Wm Edwards, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Ricky Middle Lee Last Crawford	Name: First Dianna Middle Sue Last Watkins
Date of Birth: Month 10 Day 22 Year 60	Date of Birth: Month 3 Day 11 Year 71
Place of Birth (State or foreign country): Somerset Ky.	Place of Birth (State or foreign country): Danville, In.
Residence Address: 8 Edgewood Dr. Danville, In. (Street or R.R. / City / County / State)	Residence Address: 8 Edgewood Dr. Danville, In. (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 1991	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.	Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ 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. ashley Nicole Crawford 6 yrs.	5. List the full names of any dependent children. ashley Klain Watkins 3 yrs - Sept 93
6. (a) Full name of applicant's father William L. Crawford	6. (a) Full name of applicant's father Laran Dilley
(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) Danville, In.
Birthplace of father (State or foreign country) Ky.	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Lorene Faye Bonafacius	(b) Full maiden name of applicant's mother Donna Theising
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Rockdale, In.	Residence of mother (if deceased, so state) Danville, In.
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 that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Ricky L Crawford Date 8-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ricky L Crawford
New Address SAME

Subscribed and sworn to before me this 2nd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Dianna S Watkins Date 8-2-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dianna S Watkins
New Address SAME

Subscribed and sworn to before me this 2nd day of Aug., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-2-93 *, authorizing the marriage of* RICKY LEE CRAWFORD *and* DIANNA SUE WATKINS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 6, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICKY LEE CRAWFORD *of* HENDRICKS *County* IN *(state), and* DIANNA SUE WATKINS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-6-93 *Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 384

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 ☐
If No, Medical Examination or Report Dated 8-2-93
Name of Physician D. Haggard, M.D.

MALE APPLICANT

Name: First William Middle Guy Last Wood

Date of Birth: Month 8 Day 4 Year 59

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R.R. 945 Pinewood Dr apt B City Plainfield County In State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Blake Wood 2 yrs.
6. (a) Full name of applicant's father Charles Franklin Wood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Melba Jan Arnold
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Wm Wood Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Wm Wood

New Address 1925 High Eagle Trl #840 Indpls Ind

Subscribed and sworn to before me this 2nd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Tamara Middle Ellen Last Bivens

Date of Birth: Month 10 Day 25 Year 66

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 1925 High Eagle Trail apt 840 City Indpls County In State 46240

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Melissa Marie Bivens 7 yrs.
   Joseph Lee Bivens III 6 yrs.
6. (a) Full name of applicant's father Maurice Eugene Campbell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Arlene Meagher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tamara Bivens Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Tamara Bivens

New Address ~~1925 High Eagle Trl #840~~ SAME

Subscribed and sworn to before me this 2nd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-2-93 *, authorizing the marriage of* WILLIAM GUY WOOD *and* TAMARA ELLEN BIVENS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 4, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WILLIAM GUY WOOD *of* HENDRICKS *County* IN *(state), and* TAMARA ELLEN BIVENS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-4-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 385

File

8-3-93
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 8-3-93
Name of Physician K. Clark, M.D.

MALE APPLICANT

ZAWlocki

Name: First Donald Middle Ignatius Last Zawlocki

Date of Birth: Month APRIL Day Year 1959

Place of Birth (State or foreign country) SOUTH BEND, ST JOSEPH CO. IN.

Residence Address: Street or R.R. 344 MEADOW DR APT 3 City DANVILLE County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father RICHARD EUGENE ZAWLOCKI
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) FLA.
   Birthplace of father (State or foreign country) MICHIGAN
   (b) Full maiden name of applicant's mother GEORGIANA WROBLESKI
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) FLA.
   Birthplace of mother (State or foreign country) IN.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Donald Zawlocki 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Donald Zawlocki
New Address _____
Subscribed and sworn to before me this 3rd day of Aug. , 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ , 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Debra Middle ann Last Hiatt

Date of Birth: Month 3 Day 12 Year 62

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 273 E. 200 S. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Edgar Ethan Hiatt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruth Jordan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Debra Ann Hiatt 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Debra Ann Hiatt
New Address 344 Meadow Dr. Danville In 46122
Subscribed and sworn to before me this 3rd day of Aug , 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ , 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* DONALD IGNATIUS ZOWLOCKI *and* DEBRA ANN HIATT *. I further certify that the following marriage certificate was filed in my office: I,* ANDREW J. SIMKINS *(name), certify that on* AUGUST 7, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DONALD IGNATIUS ZOWLOCKI *of* HENDRICKS *County* IN *(state), and* DEBRA ANN HIATT *of* HENDRICKS *County* IN *(state) were 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 *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 386

HENDRICKS County

File

8-3-93
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 7-7-93
Name of Physician James Black, M.D.

MALE APPLICANT

Name First Emerson Middle Scott Last Gulley
Date of Birth Month 3 Day 25 Year 67
Place of Birth (State or foreign country) Columbus, In.
Residence Address Street or R.R. 1637 Sycamore Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Daniel Scott Gulley 4 yrs.
6. (a) Full name of applicant's father Emerson Terrell Gulley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deanna Marie Sturgeon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant E. Scott Gulley 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed E. Scott Gulley
New Address same
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Dina Middle Michele Last Hathaway
Date of Birth Month 11 Day 17 Year 67
Place of Birth (State or foreign country) Danville, In.
Residence Address Street or R.R. 1637 Sycamore Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father David Paul Hathaway
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruth Lorraine Hunter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dina M Hathaway 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dina M Hathaway
New Address same
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* EMERSON SCOTT GULLEY *and* DINA MICHELE HATHAWAY *. I further certify that the following marriage certificate was filed in my office: I,* JAMES L. RANARD *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* EMERSON SCOTT GULLEY *of* HENDRICKS *County* IN *(state), and* DINA MICHELE HATHAWAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-93 *. Signed by:* /s/ REV. JAMES L. RANARD *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 387

HENDRICKS County

File

8-3-93
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 Robert L. Weston

MALE APPLICANT

Name: First Robert Middle Lee Last Alford

Date of Birth: Month 4 Day 24 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-89

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James W. Alford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Beechgrove IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marcia Ann Reese
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Beech Grove IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robt L. Alford Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robt L. Alford
New Address Same

Subscribed and sworn to before me this 3 day of Aug., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Ginger Middle Denise Last Mills

Date of Birth: Month 3 Day 27 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 534 Enderly Ave Apt. 6 City B'burg County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father John Phillip Mills
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Veronica L. Chermansky
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ginger D. Mills Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Ginger D. Mills
New Address

Subscribed and sworn to before me this 3 day of Aug., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* ROBERT L. ALFORD *and* GINGER D. MILLS *. I further certify that the following marriage certificate was filed in my office: I,* BRADFORD F. PURDY *(name), certify that on* AUGUST 28, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* ROBERT L. ALFORD *of* HENDRICKS *County* IN *(state), and* GINGER D. MILLS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-93 *Signed by:* /s/ BRADFORD F. PURDY *,* CLERGYMAN *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 388

File

8-3-93
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

Name: First Paul Middle Eugene Last Thomas

Date of Birth: Month 11 Day 7 Year 23

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1777 W. 50 S City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 89'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Everett Wade Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Maye Hobbs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Paul E. Thomas 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Paul E. Thomas
New Address 1777 W. 50 South Danville

Subscribed and sworn to before me this 3 day of Aug., 19 93

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jewel Judy Middle Dean Last Gasper

Date of Birth: Month 5 Day 23 Year 31

Place of Birth (State or foreign country) TN

Residence Address: Street or R.R. 763 Woodruff Pl W City Dr. County Indpls. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 11-90'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Arnold Collins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) TN
   (b) Full maiden name of applicant's mother Ira Theo Rogers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) TN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jewel D. Gasper 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jewel D. Gasper
New Address

Subscribed and sworn to before me this 3 day of Aug., 19 93

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 389

HENDRICKS County

File

8-3-93
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 7-18-93
Name of Physician R. W. Reis

MALE APPLICANT

Name: First Robert Middle Eugene Last Ferdinand
Date of Birth: Month 5 Day 3 Year 48
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 6650 Carrie Ct. City Indpls County Marion State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Paul E. Ferdinand Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eva Irene Gower
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert E Ferdinand 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Robert E Ferdinand
New Address 38 LAKE DR S, BROWNSBURG, IN
Subscribed and sworn to before me this 3rd day of aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Vera Middle Jean Last Hutzler
Date of Birth: Month 1 Day 25 Year 57
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. 38 Lake Dr. S. City Brownsburg, In. County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Carl H. Hutzler III - 14 yrs.
6. (a) Full name of applicant's father Blaine A. Glossop Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Washington
   (b) Full maiden name of applicant's mother Doris Marie Bragg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Vera Jean Hutzler 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Vera Jean Hutzler
New Address same
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* ROBERT EUGENE FERDINAND *and* VERA JEAN HUTZLER *. I further certify that the following marriage certificate was filed in my office: I,* DAVID KOVALOW-ST. JOHN *(name), certify that on* AUGUST 28, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* ROBERT EUGENE FERDINAND *of* MARION *County* IN *(state), and* VERA JEAN HUTZLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-93 *. Signed by:* /s/ DAVID KOVALOW-ST. JOHN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-30-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 390

HENDRICKS County

File

8-3-93
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 8-3-93
Name of Physician Black, M.D.

MALE APPLICANT

Name: First Stanley Middle William Last Edrington, Jr.
Date of Birth: Month 8 Day 28 Year 64
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 134 S. Mill St. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Stanley William Edrington Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Ann Stanley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stanley W. Edrington 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Stanley W. Edrington
New Address
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Phyllis Middle Carol Last Russell-Harris
Date of Birth: Month 7 Day 25 Year 61
Place of Birth (State or foreign country) Richmond, Va.
Residence Address: Street or R.R. PO Box 43 City Eminence County (Morgan) State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kristin L. Harris 13 yrs.

6. (a) Full name of applicant's father Glen C. Russell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Bonnie Lee Wilder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dryden, Va.
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Phyllis C. Russell Harris 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Phyllis C. Russell Harris 8-3-93
New Address
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* STANLEY WILLIAM EDRINGTON, JR. *and* PHYLLIS CAROL RUSSELL-HARRIS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STANLEY WILLIAM EDRINGTON, JR. *of* HENDRICKS *County* IN *(state), and* PHYLLIS CAROL RUSSELL-HARRIS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-93 *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 391

HENDRICKS County

File

8-3-93
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 8-3-93
Name of Physician J. Eldridge, M.D.

MALE APPLICANT

Name: First Timothy Middle Ray Last Trump

Date of Birth: Month 2 Day 27 Year 69

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 250 N East St. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Brooke Nicole Trump 3 yrs.
   Brianna Lynn Trump 1 yr.
6. (a) Full name of applicant's father William Ray Trump
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Jean Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Timothy R. Trump 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Timothy R. Trump
New Address Same

Subscribed and sworn to before me this 4th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Clifton

Date of Birth: Month 11 Day 20 Year 70

Place of Birth (State or foreign country) Anderson, In.

Residence Address: Street or R.R. 250 N East St. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Brian Thomas Catellier 2 yrs
6. (a) Full name of applicant's father Gary Lee Clifton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anderson, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan Elaine Robertson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Anderson, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kimberly Ann Clifton 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kimberly Ann Clifton
New Address Same

Subscribed and sworn to before me this 4th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-4-93 *, authorizing the marriage of* TIMOTHY RAY TRUMP *and* KIMBERLY ANN CLIFTON *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 9, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TIMOTHY RAY TRUMP *of* HENDRICKS *County* IN *(state), and* KIMBERLY ANN CLIFTON *of* HENDRICKS *County* IN *(state) were 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/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

540

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 392

File

8-3-93
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 7-19-93
Name of Physician J. Baker, M.D.

MALE APPLICANT

Name: First Michael Middle Allen Last Lewis
Date of Birth: Month 10 Day 14 Year 64
Place of Birth (State or foreign country): Marysville, Ohio
Residence Address: Street or R.R. 301 S Wayne St City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Roger Ernest Lewis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Powell, Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Nancy Jane Eldridge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address 114 Kevin Drive Zionsville IN
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Sue Last Simmons
Date of Birth: Month 5 Day 23 Year 68
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R.R. 208 Waterford Ct apt A City Lafayette County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James Michael Simmons Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lila Sue Carmichael
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address 114 Kevin Drive Zionsville
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* MICHAEL ALLEN LEWIS *and* JENNIFER SUE SIMMONS *. I further certify that the following marriage certificate was filed in my office: I,* THOMAS PAINE, JR. *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MICHAEL ALLEN LEWIS *of* HENDRICKS *County* IN *(state), and* JENNIFER SUE SIMMONS *of* TIPPECANOE *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-93 *. Signed by:* /s/ THOMAS PAINE, JR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 393

File 8-3-93
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 7-16-93
Name of Physician K. Johns, M.D.

MALE APPLICANT

Name: First Paul Middle Andrew Last Meunier
Date of Birth: Month 5 Day 13 Year 64
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 3385 N 950 E City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Raymond Leonard Meunier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eleanor Marie Bajt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Paul A Meunier 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Paul A Meunier
New Address 1647 N LYNHURST Drive Spedway, In
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sue Middle — Last Watson
Date of Birth: Month 12 Day 19 Year 57
Place of Birth (State or foreign country) Glendale, Calif.
Residence Address: Street or R.R. 1647 N. Lynhurst Dr. City Speedway County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1980
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father A. J. Watson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Joyce Klaine Chenoweth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Speedway, In.
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sue Watson 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sue Watson
New Address SAME
Subscribed and sworn to before me this 3rd day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* PAUL ANDREW MEUNIER *and* SUE WATSON *. I further certify that the following marriage certificate was filed in my office: I,* J. RICHARD HUNT *(name), certify that on* AUGUST 14, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* PAUL ANDREW MEUNIER *of* HENDRICKS *County* IN *(state), and* SUE WATSON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 394

HENDRICKS County

File

8-3-93
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 8-3-93
Name of Physician A. Dey DO (Hall Health Lab)

MALE APPLICANT

Name: First Jason Middle Eugene Last James
Date of Birth: Month 12 Day 15 Year 66
Place of Birth (State or foreign country) Panorama City, Calif.
Residence Address: Street or R.R. 11304 W. Washington City Indpls. County (Hend) State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Clifton Sumner James III
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Montclair, Ca.
   Birthplace of father (State or foreign country) Ct.
   (b) Full maiden name of applicant's mother Helen Carine Romero
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Montclair, Ca.
   Birthplace of mother (State or foreign country) Calif.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-3-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
Signed [signature]
New Address _____
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 3 day of AUG., 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Gene Last Hillers
Date of Birth: Month 8 Day 15 Year 73
Place of Birth (State or foreign country) Valparaiso In.
Residence Address: Street or R.R. 11304 W Washington City Indpls. County In. (Hendricks) State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Ned Barrett Hillers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elizabeth Faye Harrison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Melissa D Hillers 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.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
Signed Melissa D Hillers
New Address _____
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 3 day of AUG, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* JASON EUGENE JAMES *and* MELISSA GENE HILLERS *. I further certify that the following marriage certificate was filed in my office: I,* REV. THOMAS E. SMITH *(name), certify that on* SEPTEMBER 3, 1993 *(date), at* STILESVILLE *in* HENDRICKS *County, Indiana,* JASON EUGENE JAMES *of* HENDRICKS *County* IN *(state), and* MELISSA GENE HILLERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-10-93 *Signed by:* /s/ REV. THOMAS E. SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 395

HENDRICKS County

File

8-3-93
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 7-17-93
Name of Physician K. Courtney M.D.

MALE APPLICANT

Name: First David Middle Michael Last Warren

Date of Birth: Month 9 Day 9 Year 50

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 10412 N. 1025 E. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father James H. Warren
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Esther Skaggs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David M Warren 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David M Warren

New Address _____

Subscribed and sworn to before me this 3rd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Morgan

Date of Birth: Month 9 Day 12 Year 67

Place of Birth (State or foreign country) Herkimer, N.Y.

Residence Address: Street or R.R. 10412 N 1025 E. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Richard Alan Morgan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Aileen Mary Viganosky
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Patricia 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Patricia A. Morgan

New Address _____

Subscribed and sworn to before me this 3rd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* DAVID MICHAEL WARREN *and* PATRICIA ANN MORGAN *. I further certify that the following marriage certificate was filed in my office: I,* GLENN C. CALKINS *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* WHITESTOWN *in* BOONE *County, Indiana,* DAVID MICHAEL WARREN *of* HENDRICKS *County* IN *(state), and* PATRICIA ANN MORGAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-93 *. Signed by:* /s/ GLENN C. CALKINS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 396

File

8-3-93
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 7-9-93
Name of Physician Jon Black, M.D.

MALE APPLICANT

Name: First Anthony Middle Shane Last Norris
Date of Birth: Month 3 Day 2 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. PO Box 77 City Eminence County Ind. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father John Norris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Eminence, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred Louise Burton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Eminence, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tony Norris 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tony Norris
New Address SAME
Subscribed and sworn to before me this _____ day of 8-3, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Ann Last Shank
Date of Birth: Month 1 Day 30 Year 71
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 1212 N. Grisivold Rd Apt 2 City Ind'pls County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Billie Dee Shank
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Geralyn Sue Stanze
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Melissa Shank 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Melissa Shank
New Address Same
Subscribed and sworn to before me this _____ day of 8-3, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-3-93 *, authorizing the marriage of* ANTHONY SHANE NORRIS *and* MELISSA ANN SHANK *. I further certify that the following marriage certificate was filed in my office: I,* DAVID S. JONES *(name), certify that on* AUGUST 14, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ANTHONY SHANE NORRIS *of* MORGAN *County* IN *(state), and* MELISSA ANN SHANK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-14-93 *. Signed by:* /s/ REV. DAVID S. JONES *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 397

HENDRICKS County

File

8-3-93
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 ☐ 8-4-93
If No, Medical Examination or Report Dated
Name of Physician J. Berlin, M.D.

MALE APPLICANT

Name: First Scott Middle Evan Last Field

Date of Birth: Month 1 Day 17 Year 72

Place of Birth (State or foreign country) SCA.

Residence Address: Street or R.R. Rt 5 Box 296 City Waynesboro County VA State 22980-9115

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Charles Harold Field
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Waynesboro VA
   Birthplace of father (State or foreign country) VA
   (b) Full maiden name of applicant's mother ~~Page~~ Catherine Loretta Page
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Waynesboro VA
   Birthplace of mother (State or foreign country) VA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Scott Field 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.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Scott Field

New Address _____

Subscribed and sworn to before me this 3 day of Aug., 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Dawn Last Herndon

Date of Birth: Month 10 Day 7 Year 71

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 340 E. Tilden City B'burg County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ray Randall Herndon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Judy Sue Chamberlain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lisa Herndon 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.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lisa Herndon

New Address 340 E. Tilden Brownsburg

Subscribed and sworn to before me this 3 day of Aug., 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-4-93 *, authorizing the marriage of* SCOTT EVAN FIELD *and* LISA DAWN HERNDON *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* AUGUST 7, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* SCOTT EVAN FIELD *of* AUGUSTA *County* VA *(state), and* LISA DAWN HERNDON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-4-93 *Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 398

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-18-93
Name of Physician I. unable to read

MALE APPLICANT

Name: First David Middle Randoll Last Brooks

Date of Birth: Month 11 Day 9 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 7211 Mendenhall Rd City Camby County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Joseph Randoll Brooks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Detroit Mi.
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Sharon Rose Turner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David R. Brooks Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.
Signed David R. Brooks
New Address 344 Coquina Key Ln APT B Indy IN 46224
Subscribed and sworn to before me this 5th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kelli Middle Colleen Last O'Brien

Date of Birth: Month 8 Day 18 Year 71

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 510 Cobblestone Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Thomas Joseph O'Brien
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary E. Zimmerman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kelli O'Brien Date 8/4/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.
Signed Kelli O'Brien
New Address 344 Coquina Key Lane B Indpls, In 46224
Subscribed and sworn to before me this 5th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-5-93 *, authorizing the marriage of* DAVID RANDOLL BROOKS *and* KELLI COLLEEN O'BRIEN *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILLIAM E. McKEE, JR. *(name), certify that on* AUGUST 21, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DAVID RANDOLL BROOKS *of* MARION *County* IN *(state), and* KELLI COLLEEN O'BRIEN *of* HENDRICKS *County* IN *(state) were 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* 8-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 399

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-3-93
Name of Physician M. Boyer, M.D.

MALE APPLICANT

Name: First Leonard Middle Bradley Last Hopkins

Date of Birth: Month 4 Day 13 Year 74

Place of Birth (State or foreign country): Danville In.

Residence Address: 3950 N Street or R.R. 1000 E # 6 City Brownsburg County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Gregory Edward Hopkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jane Ann Shafer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant L. Bradley Hopkins Date 8-4-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed L. Bradley Hopkins

New Address _____

Subscribed and sworn to before me this 4th day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Alyson Middle Anne Last Streeter

Date of Birth: Month 6 Day 1 Year 66

Place of Birth (State or foreign country): San Diego Ca

Residence Address: 22 William Dr. Apt E Street or R.R. City Brownsburg County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father John Franklin Streeter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plano Tx.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Loretta Yvonne Titt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plano Tx.
   Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Alyson Streeter Date 8/4/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Alyson Streeter

New Address _____

Subscribed and sworn to before me this 4th day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-4-93 *, authorizing the marriage of* LEONARD BRADLEY HOPKINS *and* ALYSON ANNE STREETER *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM H. BRYAN *(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* HILLSBOROUGH *County* FL *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 400

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-4-93
Name of Physician R. Oldham, M.D.

MALE APPLICANT

Name: First London Middle Lee Last Behrens

Date of Birth: Month 6 Day 26 Year 70

Place of Birth (State or foreign country) Lakewood, Ohio

Residence Address: Street or R.R. 47 Southridge Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Timothy Evans Behrens
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Linda Lee Wallstead
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant London L. Behrens Date 8/4/92

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed London L. Behrens
New Address 8322 Township LN. Inpls 46268

Subscribed and sworn to before me this 4th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Michelle Last Frick

Date of Birth: Month 3 Day 6 Year 74

Place of Birth (State or foreign country) New Bern, N. C.

Residence Address: Street or R.R. 6284 Eagle Rd City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father William Andrew Frick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Jan Raper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kimberly M. Frick Date 8-4-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kimberly M. Frick
New Address 8322 Township Lane Indpls IN 46268

Subscribed and sworn to before me this _____ day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-5-93 *, authorizing the marriage of* LONDON LEE BEHRENS *and* KIMBERLY MICHELLE FRICK *. I further certify that the following marriage certificate was filed in my office: I,* LARRY TRAVIS *(name), certify that on* AUGUST 14, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* LONDON LEE BEHRENS *of* HENDRICKS *County* IN *(state), and* KIMBERLY MICHELLE FRICK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-14-93 *Signed by:* /s/ LARRY R. TRAVIS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 401

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 ☐
If No, Medical Examination or Report Dated 7-15-93
Name of Physician R. W. Palmer, M.D.

MALE APPLICANT

Name: First Stanley Middle Roger Last Fite

Date of Birth: Month 2 Day 10 Year 44

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R.R. 2723 Black Rock Rd City Plainfield County State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the female applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
5.	List the full names of any dependent children.		

6. (a) Full name of applicant's father Edward Howard Fite
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Georgia
(b) Full maiden name of applicant's mother Laura Cheek
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indianapolis, In
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stanley R Fite Date 8/5/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stanley R Fite
New Address Same

Subscribed and sworn to before me this 5th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle Diane Last Etherington

Date of Birth: Month 4 Day 28 Year 50

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 2723 Black Rock Rd (Rend) City Plainfield County State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1978

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the male applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
5.	List the full names of any dependent children.		

6. (a) Full name of applicant's father David Samuel Daniels
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Hulda Irene Williams
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Clermont, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Susan Etherington Date 8-5-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Susan Etherington
New Address Same

Subscribed and sworn to before me this 5th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-5-93, *authorizing the marriage of* STANLEY ROGER FITE *and* SUSAN DIANE ETHERINGTON. *I further certify that the following marriage certificate was filed in my office: I,* DOUGLAS R. BRIDGES *(name), certify that on* AUGUST 14, 1993 *(date), at* SMITHVILLE *in* MONROE *County, Indiana,* STANLEY ROGER FITE *of* HENDRICKS *County* IN *(state), and* SUSAN DIANE ETHERINGTON *of* HENDRICKS *County* IN *(state) were 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/ DOUGLAS R. BRIDGES, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 402

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 ☐
If No, Medical Examination or Report Dated 7-20-93
Name of Physician T. Beard M.D.

MALE APPLICANT

Name: First Brian Middle Lance Last McCarty
Date of Birth: Month 7 Day 3 Year 69
Place of Birth (State or foreign country) Martinsville, In.
Residence Address: Street or R.R. 296 N Mill Apt 10 City Plainfield County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jack McCarty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Louise Neal
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian L McCarty Date 8-5-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brian L McCarty
New Address same
Subscribed and sworn to before me this 5th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Beverly Middle Jeanne Last Holland
Date of Birth: Month 3 Day 26 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 296 N Mill Apt 10 City Plainfield County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Camryn McCarty 6 mos.
6. (a) Full name of applicant's father Billy Ray Holland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Vera Catherine Ford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Beverly Holland Date 8-5-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Beverly Holland
New Address same
Subscribed and sworn to before me this 5th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-5-93 *, authorizing the marriage of* BRIAN LANCE McCARTY *and* BEVERLY 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), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRIAN LANCE McCARTY *of* HENDRICKS *County* IN *(state), and* BEVERLY JEANNE HOLLAND *of* HENDRICKS *County* IN *(state) were 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

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 403

File

8-6-93 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 8-5-93
Name of Physician D. Bains, M.D.

MALE APPLICANT

Name First Kinnon Middle Lee Last Wright

Date of Birth Month 7 Day 30 Year 66

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 4285 North 575 E. Brownsburg, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bruce Davis Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Melva Fay Bryant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kinnon Wright Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kinnon Wright

New Address SAME

Subscribed and sworn to before me this 6th day of Aug, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First Kimberly Middle Sue Last Linn

Date of Birth Month 10 Day 6 Year 63

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 4285 North 575 E. Brownsburg, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jeremy Linn 7 yrs.
6. (a) Full name of applicant's father Chester Crawford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Oakie Marie Minton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kimberly Linn Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kimberly Linn

New Address SAME

Subscribed and sworn to before me this 6th day of Aug, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-6-93 *, authorizing the marriage of* KINNON LEE WRIGHT *and* KIMBERLY SUE LINN *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT HANEY *(name), certify that on* AUGUST 28, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* KINNON LEE WRIGHT *of* HENDRICKS *County* IN *(state), and* KIMBERLY SUE LINN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-28-93 *. Signed by:* /s/ ROBERT HANEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 404

File

8-6-93 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 7-31-93
Name of Physician Karen Johns, M.D.

MALE APPLICANT

Name: First Alex Middle Eugene Last Brand

Date of Birth: Month 10 Day 20 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 459 Gibbs Rd. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Karl Joseph Brand
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Johanna Monika Wutke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) West Germany

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Alex E. Brand Date 8-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Alex E. Brand

New Address 5305 W. MAPLE Danville, In.

Subscribed and sworn to before me this 6th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Ann Last Ross

Date of Birth: Month 4 Day 12 Year 71

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 25 South Rd. 300 E City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Johnny Lynn Ross
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Maryanne Ann Clonce
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Melissa A Ross Date 8-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Melissa A Ross

New Address 5305 W. Maple Danville, In.

Subscribed and sworn to before me this 6th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-6-93 *, authorizing the marriage of* ALEX EUGENE BRAND *and* MELISSA ANN ROSS *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* AUGUST 21, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ALEX EUGENE BRAND *of* HENDRICKS *County* IN *(state), and* MELISSA ANN ROSS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-6-93 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 405

HENDRICKS County

File

8-6-93
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 ☐ 8-3-93
If No, Medical Examination or Report Dated
Name of Physician John Farr

MALE APPLICANT

Name: First Patrick Middle Allan Last Dick

Date of Birth: Month 10 Day 3 Year 73

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 216 Kentucky St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Thomas Earl Dick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deanna Louise Bayse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Patrick A. Dick Date 8-6-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Patrick A. Dick

New Address 250 N. East St. Apt. 214 Plainfield IN

Subscribed and sworn to before me this 6th day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kelly Middle Lynn Last King

Date of Birth: Month 9 Day 4 Year 71

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 231 Pinnacle Ln. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Conrad King
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beverly Sue Musters
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Rhode Island

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kelly L. King Date 8/6/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kelly L. King

New Address 250 N. East St Apt 214 Plainfield IN

Subscribed and sworn to before me this 6th day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-6-93 *, authorizing the marriage of* PATRICK ALAN DICK *and* KELLY LYNN KING *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* AUGUST 14, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* PATRICK ALAN DICK *of* HENDRICKS *County* IN *(state), and* KELLY LYNN KING *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-6-93 *. Signed by:* /s/ REV. JOHN C. PARSLEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 406

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 6-18-93
Name of Physician Susan Hill, D.O.

MALE APPLICANT

Name: First David Middle Wayne Last Mood

Date of Birth: Month 5 Day 9 Year 72

Place of Birth (State or foreign country) Myrtle Beach, S.C.

Residence Address: Street or R.R. 3736 N St Rd 39 City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Walter Wayne Mood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Winchester, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alice Louise Hadley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant D S Mood Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed D S Mood

New Address 122-06 MARSHALL DR, W.LAF. IN 47906

Subscribed and sworn to before me this 9th day of Aug, 19 93

Co Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Rhenda Middle Ann Last Thomas

Date of Birth: Month 11 Day 11 Year 71

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 4420 W 350 N City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Frederick Lee Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dagville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonolyn Ann Mendenhall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dagville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rhenda Thomas Date 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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rhenda Thomas

New Address 122-06 Marshall Dr. W. Lafayette, IN 47906

Subscribed and sworn to before me this Aug 9 day of Aug, 19 93

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-9-93 *, authorizing the marriage of* DAVID WAYNE MOOD *and* RHENDA ANN THOMAS *. I further certify that the following marriage certificate was filed in my office: I,* ANDREW J. SIMKINS *(name), certify that on* AUGUST 14, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID WAYNE MOOD *of* HENDRICKS *County* IN *(state), and* RHENDA ANN THOMAS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-14-93 *. Signed by:* /s/ DR. ANDREW J. SIMKINS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 407

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Eve Clark Dunkle

MALE APPLICANT

Name: First Brent Middle Steven Last Maxwell

Date of Birth: Month 5 Day 19 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6128 Broadmoor Plaza City Indpls County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Wesley Irving Maxwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lafayette IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Gloria Genevieve ~~Boo~~ Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Brent Maxwell Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Brent Maxwell

New Address _____

Subscribed and sworn to before me this 9 day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Anita Middle Jo Last Johnston

Date of Birth: Month 10 Day 12 Year 61

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. P O Box 262 ~~205~~ City Pltd. County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-26-86

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Berald Lionel Strauss
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Avon (Pltd) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Maryellen Patricia Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pltd IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Anita Jo Johnston Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Anita Jo Johnston

New Address PO Box 262 Pltd.

Subscribed and sworn to before me this 9 day of Aug., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-9-93 *, authorizing the marriage of* BRENT STEVEN MAXWELL *and* ANITA JO JOHNSTON *. I further certify that the following marriage certificate was filed in my office: I,* JOHN CALDWELL *(name), certify that on* AUGUST 28, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* BRENT STEVEN MAXWELL *of* MARION *County* IN *(state), and* ANITA JO JOHNSTON *of* HENDRICKS *County* IN *(state) were 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 *,* PASTOR *(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*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 408

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 ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Foster Middle D. Last Binkley

Date of Birth: Month 10 Day 17 Year 1921

Place of Birth (State or foreign country) Toledo, Oh.

Residence Address: Street or R.R. 6701 Meadowcrest City Downers Grove County DuPage State Ill.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Samuel Foster Binkley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Margaret R. Wenzel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Toledo, Oh.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Foster D Binkley Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Foster D Binkley

New Address

Subscribed and sworn to before me this 9th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Georgia Middle Lee Last Stanley

Date of Birth: Month 1 Day 18 Year 20

Place of Birth (State or foreign country) Hamburg, Ark.

Residence Address: Street or R.R. 1115 Forest Dr. City West Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1985

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father George Thomas McDuffie
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Carrie Lee Gill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Georgia L. Stanley Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Georgia L. Stanley

New Address

Subscribed and sworn to before me this 9th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-9-93 *, authorizing the marriage of* FOSTER D. BINKLEY *and* GEORGIA LEE STANLEY *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILFRED E. DAY *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* FOSTER D. BINKLEY *of* DUPAGE *County* IL *(state), and* GEORGIA LEE STANLEY *of* HENDRICKS *County* IN *(state) were 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/ 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).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 409

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 ☐
If No, Medical Examination or Report Dated 8-10-93
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Robert Middle Anthony Last Ashbrook
Date of Birth: Month 12 Day 2 Year 69
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 302 N Center St. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Lee Ashbrook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Monrovia, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Delores Marie Archer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert A. Ashbrook Date 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Robert A. Ashbrook
New Address SAME
Subscribed and sworn to before me this 9th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

FEMALE APPLICANT

Name: First Cristina Middle Sue Last Horne
Date of Birth: Month 8 Day 2 Year 73
Place of Birth (State or foreign country) Tipton, In.
Residence Address: Street or R.R. 302 N Center St. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tyler Anthony Ashbrook 1 yr.
6. (a) Full name of applicant's father James Foster Horne
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Camden, In.
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Vickie Sue Ray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Camden, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cristina S. Horne Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Cristina S. Horne
New Address Same
Subscribed and sworn to before me this 11th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-11-93 *, authorizing the marriage of* ROBERT ANTHONY ASHBROOK *and* CRISTINA SUE HORNE *. I further certify that the following marriage certificate was filed in my office: I,* TIMOTHY M. WARREN *(name), certify that on* AUGUST 14, 1993 *(date), at* BROOKLYN *in* MORGAN *County, Indiana,* ROBERT ANTHONY ASHBROOK *of* HENDRICKS *County* IN *(state), and* CRISTINE SUE HORNE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-11-93 *. Signed by:* /s/ TIMOTHY M. WARREN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 410

HENDRICKS County

File

8-11-93
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 8-7-93
Name of Physician Nancy Stirling DO

MALE APPLICANT

Name First Travis Middle Michael Last White

Date of Birth Month 9 Day 19 Year 59

Place of Birth (State or foreign country) Beech Grove In.

Residence Address 9880 W 10th St #31-3 Street or R.R. Hend City Indpls. County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Gretchen Marie White 6 yrs.
6. (a) Full name of applicant's father Travis Dayton White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Margaret Ellen Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Travis M. White Date 8/11/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Travis M. White

New Address SAME

Subscribed and sworn to before me this 11th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Paige Middle Ellen Last Beanblossom

Date of Birth Month 8 Day 11 Year 52

Place of Birth (State or foreign country) Bloomington, In.

Residence Address 9880 W 10th St. #31-3 Street or R.R. City Indpls. County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Wade Query 20 yrs.
   Mark Elliott Query 18 yrs.
6. (a) Full name of applicant's father Oren Earl Hahn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Spencer In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Louise Wyatt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Spencer In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Paige E. Beanblossom Date 8-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Paige E. Beanblossom

New Address same

Subscribed and sworn to before me this 11th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-11-93 *, authorizing the marriage of* TRAVIS MICHAEL WHITE *and* PAIGE ELLEN BEANBLOSSOM *. I further certify that the following marriage certificate was filed in my office: I,* REV. DAVID D. MAHURIN *(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 *of* HENDRICKS *County* IN *(state) were 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 *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 411

HENDRICKS County

File

8-11-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-24-92
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Jerry Middle Andrew Last Trent

Date of Birth: Month 3 Day 27 Year 69

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. P O Box 543 City Hend County Pittsboro State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jerry Andrew Trent 3 yrs.
6. (a) Full name of applicant's father Jerry Wayne Trent
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Liston, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Muckie Dea Cap
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hobart, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jerry A. Trent Date 8-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jerry A. Trent
New Address Same

Subscribed and sworn to before me this 11th day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Roseanna Middle Lynn Last McBay

Date of Birth: Month 1 Day 16 Year 73

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R.R. P O Box 543 City Pittsboro County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Zachary Thomas McBay 1 yr.
6. (a) Full name of applicant's father James Thomas McBay
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Bessie Ann Young
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Roseanna L. McBay Date 8-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Roseanna L. McBay
New Address Same

Subscribed and sworn to before me this 11th day of Aug., 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-11-93 *, authorizing the marriage of* JERRY ANDREW TRENT *and* ROSEANNA LYNN McBRY *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 11, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY ANDREW TRENT *of* HENDRICKS *County* IN *(state), and* ROSEANNA LYNN McBAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-11-93 *. Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 412

HENDRICKS County

File

8-11-93
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 8-9-93
Name of Physician D. Johnson M.D.

MALE APPLICANT

Name First Michael Middle Lee Last Krebs

Date of Birth Month 2 Day 3 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 270 avon ave apt 4 City Plainfield County State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father David Lee Krebs
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Jean Joco
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Waverly, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael Krebs Date 8-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael Krebs
New Address RR 1 Box 162 Monrovia, IN
Subscribed and sworn to before me this 11th day of Aug., 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name First Amy Middle Marie Last James

Date of Birth Month 9 Day 4 Year 73

Place of Birth (State or foreign country) Brazil, In.

Residence Address Street or R.R. 270 avon ave apt 4 City Plainfield County State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Stephen Krebs 1 yr.
   Brittany Krebs 11 mo.
6. (a) Full name of applicant's father William Raymond James
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Monrovia, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jane Marie Martin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jeffersonville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amy M. James Date 8-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amy M James
New Address RR 1 Box 162 Monrovia
Subscribed and sworn to before me this 11th day of Aug., 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-11-93 *, authorizing the marriage of* MICHAEL LEE KREBS *and* AMY MARIE JAMES *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 11, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL LEE KREBS *of* HENDRICKS *County* IN *(state), and* AMY MARIE JAMES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-11-93 *. Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 413

HENDRICKS County

File 8-11-93
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 7-30-93
Name of Physician J. Robinson

MALE APPLICANT

Name: First Wade Middle Timothy Last Jamison

Date of Birth: Month 5 Day 24 Year 72

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. RR 1 Box 254-42 City Pittsboro County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ted Lee Jamison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Eloise Bostick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Wade T. Jamison Date 8-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date 8-11-93

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Wade T. Jamison
New Address Same

Subscribed and sworn to before me this 11th day of Aug, 19 8-11-93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Beth Middle Ann Last Wood

Date of Birth: Month 1 Day 19 Year 74

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR 1 Box 254-42 City Pittsboro County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Steven Kent Wood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ann Elizabeth Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Beth A. Wood Date 8-11-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Beth A. Wood
New Address Same

Subscribed and sworn to before me this 11th day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-11-93 *, authorizing the marriage of* WADE TIMOTHY JAMISON *and* BETH ANN WOOD *. 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), at* INDIANAPOLIS *in* MARION *County, Indiana,* _____
WADE TIMOTHY JAMISON *of* HENDRICKS *County* IN *(state), and* _____
BETH ANN WOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-11-93 .
Signed by: /s/ LARRY L. BELLVILLE , 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

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 414

HENDRICKS County

File

8-12-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Katherine D'Leanes

MALE APPLICANT

Name: First Lance Middle Robert Last Wasson
Date of Birth: Month 8 Day 1 Year 70
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 3 Barbara Dr. City B'burg County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Lawrence Roy Wasson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Beth Griffiths
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Lance R Wasson Date 8-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Lance R Wasson 8-12-93
New Address 4350 Madison Ave. apt. 422 Indpls, IN 46227
Subscribed and sworn to before me this 12 day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Kay Last Sheets
Date of Birth: Month 11 Day 27 Year 69
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6 Jeanean Dr. City Brownsburg County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Dennis Dean Sheets
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda Sue Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jennifer K Sheets Date 8-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jennifer K Sheets
New Address _____
Subscribed and sworn to before me this 12 day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-12-93 *, authorizing the marriage of* LANCE ROBERT WASSON *and* JENNIFER KAY SHEETS *. 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), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* LANCE ROBERT WASSON *of* HENDRICKS *County* IN *(state), and* JENNIFER KAY SHEETS *of* HENDRICKS *County* IN *(state) were 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/ LARRY L. BELLVILLE *,* 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*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 415

HENDRICKS County

File

8-12-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Caine

MALE APPLICANT

Name: First Christopher Middle E. Last Hughes
Date of Birth: Month 5 Day 5 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2023 Country Junction City Indpls County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christin, Kasie Hughes
6. (a) Full name of applicant's father Stanley K. Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Hawaii
   (b) Full maiden name of applicant's mother Donna L Dillon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] Date 8/12/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed [signature]
New Address

Subscribed and sworn to before me this 12th day of August, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tina Middle L. Last Burnside
Date of Birth: Month 1 Day 27 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1322 Bahama Ct #E City Indpls County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Kenneth A. Creasy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Carolyn V Howard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Ala

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] Date 8/12/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address

Subscribed and sworn to before me this 12th day of August 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-12-93 *, authorizing the marriage of* CHRISTOPHER E. HUGHES *and* TINA L. BURNSIDE *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* AUGUST 21, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* CHRISTOPHER E. HUGHES *of* HENDRICKS *County* IN *(state), and* TINA L. BURNSIDE *of* HENDRICKS *County* IN *(state) were 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 *,* BAPTIST PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 416

HENDRICKS County

File

8-12-93
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 ☐ 8-12-93
If No, Medical Examination or Report Dated
Name of Physician T. Batista M.D.

MALE APPLICANT

Name: First Michael Middle Reece Last Hopper

Date of Birth: Month 8 Day 11 Year 54

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 413 W Main City Lizton County , State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Frank Alden Hopper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eva Agnes Hostetter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Dawn Middle Michelle Last Keebler

Date of Birth: Month 10 Day 19 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 413 W Main City Lizton County , State In. 46149

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brandy Michelle Keebler 4 yrs.

6. (a) Full name of applicant's father Richard Wayne Keebler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Judith Ann Fitch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mike Hopper Date 8-12-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mike Hopper
New Address Same

Subscribed and sworn to before me this 12th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dawn M. Keebler Date 8/12/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dawn M. Keebler
New Address Same

Subscribed and sworn to before me this 12th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-12-93 *, authorizing the marriage of* MICHAEL REECE HOPPER *and* DAWN MICHELLE KEEBLER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL REECE HOPPER *of* HENDRICKS *County* IN *(state), and* DAWN MICHELLE KEEBLER *of* HENDRICKS *County* IN *(state) were 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/ CINDY SPENCE 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 417

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated 8-13-93
Name of Physician L. Drudgein, M.D.

MALE APPLICANT

Name: First Scott Middle Edward Last Keen

Date of Birth: Month 12 Day 10 Year 70

Place of Birth (State or foreign country) Savannah Ga.

Residence Address: Street or R.R. 111 Piccadilly Rd City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Edward Lee Keen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Joan Owens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Scott E Keen Date 8/13/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Scott E Keen

New Address _____

Subscribed and sworn to before me this 13th day of August, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jenna Middle Michelle Last Huber

Date of Birth: Month 10 Day 20 Year 73

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 18 Sycamore St. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Hubert Lee Huber
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Avon, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Victoria Lynn Lathrop
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jenna M Huber Date 8-13-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jenna M Huber

New Address _____

Subscribed and sworn to before me this 13th day of August, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-13-93, *authorizing the marriage of* SCOTT EDWARD KEEN *and* JENNA MICHELLE HUBER. *I further certify that the following marriage certificate was filed in my office: I,* ANDREW D. KINSEY *(name), certify that on* AUGUST 28, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* SCOTT EDWARD KEEN *of* HENDRICKS *County* IN *(state), and* JENNA MICHELLE HUBER *of* HENDRICKS *County* IN *(state) were 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/ ANDREW D. KINSEY, PASTOR *(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*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 418

HENDRICKS County

File

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 L. Lovell, M.D.

MALE APPLICANT

Name First Steven Middle Bruce Last Linsmeyer

Date of Birth Month 9 Day 12 Year 51

Place of Birth (State or foreign country) Muncie In.

Residence Address Street or R.R. 856 E. Morris St. City Plainfield County State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Amy Louise Linsmeyer 11yrs
   April Rose Linsmeyer 9 yrs.
6. (a) Full name of applicant's father Jack Albert Linsmeyer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Syracuse, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Thelma Roberta Sharp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Syracuse, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Steven Bruce Linsmeyer Date 8-16-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Steven Bruce Linsmeyer
New Address SAME

Subscribed and sworn to before me this 16th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Rhonda Middle Marie Last Allen

Date of Birth Month 5 Day 3 Year 61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 856 E. Morris City Plainfield County State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Zachary Wayne Allen 10 yrs.
   Benjamin Lee Allen 8 yrs.
   Abby Elizabeth Allen 4 yrs.
6. (a) Full name of applicant's father Vernon Dewey Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Iva Inez Fender
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) N. Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rhonda M. Allen Date 8-16-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rhonda M. Allen
New Address SAME

Subscribed and sworn to before me this 16th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-16-93 *, authorizing the marriage of* STEVEN BRUCE LINSMEYER *and* RHONDA MARIE ALLEN *. I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* AUGUST 21, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* STEVEN BRUCE LINSMEYER *of* HENDRICKS *County* IN *(state), and* RHONDA MARIE ALLEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-16-93 *Signed by:* /s/ R. FRED RODKEY *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 419

HENDRICKS County

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 8-12-93
Name of Physician D. Neeger M.D.

MALE APPLICANT

Name: First Anthony Middle Charles Last Mallette
Date of Birth: Month 8 Day 22 Year 72
Place of Birth (State or foreign country) Port Charlatte, Fl.
Residence Address: Street or R.R. 9880 W 10th St. City Lat 37-6 County Intpls, In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Harold Mallette
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Janice Lee Barnes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Anthony C. Mallett Date 8-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Anthony C. Mallett
New Address SAME
Subscribed and sworn to before me this 17th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Anita Middle Jo Last Garmon
Date of Birth: Month 9 Day 13 Year 72
Place of Birth (State or foreign country) Burkesville, Ky
Residence Address: Street or R.R. 9880 W 10th St City Lat 37-6 County Indpls. State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father George Ketheridge Garmon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Freddie Louise Messer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Anita Garmon Date 8-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Anita Garmon
New Address Same
Subscribed and sworn to before me this 17th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* ANTHONY CHARLES MALLETTE *and* ANITA 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 *in* HENDRICKS *County, Indiana,* ANTHONY CHARLES MALLETTE *of* HENDRICKS *County* IN *(state), and* ANITA JO GARMON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-17-93 *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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 420

HENDRICKS County

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 8-17-93
Name of Physician J. M. Poe, M.D.

MALE APPLICANT

Name: First Kelly Middle Ray Last Huguinin

Date of Birth: Month 12 Day 13 Year 68

Place of Birth (State or foreign country) Linton In.

Residence Address: Street or R.R. PO Box 79 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Chelsea D Wise 7 mos
6. (a) Full name of applicant's father James Hiram Huguinin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeanette Roclyn Lee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Odon, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kelly Ray Huguin Date 8-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kelly Ray Huguinin
New Address same

Subscribed and sworn to before me this 17th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Diane Last Wise

Date of Birth: Month 7 Day 26 Year 68

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. PO Box 79 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Chelsea DeLynn Wise 7 mo.
6. (a) Full name of applicant's father Paul Steven Wise
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Frances Eileen Harman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cheryl Diane Wise Date 8-17-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cheryl Diane Wise
New Address Same

Subscribed and sworn to before me this 17th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 further certify that the following marriage certificate was filed in my office: I,* REV. JAMES R. HARLAN *(name), certify that on* SEPTEMBER 4, 1993 *(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 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 421

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 8-18-93
Name of Physician W. Poulos, M.D.

MALE APPLICANT

Name: First G. Middle W. Last Jones
Date of Birth: Month 2 Day 16 Year 64
Place of Birth (State or foreign country) Noblesville, In.
Residence Address: Street or R.R. 260 W Main St City Brownsburgh County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Randy Allen Jones 11 yrs.
6. (a) Full name of applicant's father George Eugene Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marietta Rose Goodright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant G W Jones Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed G W Jones
New Address SAME
Subscribed and sworn to before me this 20th day of Aug., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Marie Last Koskey
Date of Birth: Month 5 Day 28 Year 72
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 43 Crown Dr. City Brownsburg, County State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gene Arnold Kasbey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jane Klizabeth Fessler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer M. Koskey Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer M. Koskey
New Address 260 W. Main St. Brownsburg IN 46112
Subscribed and sworn to before me this 19th day of Aug, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-20-93, *authorizing the marriage of* G. W. JONES *and* JENNIFER MARIE KOSKEY. *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,* G. W. JONES *of* HENDRICKS *County* IN *(state), and* JENNIFER MARIE KOSKEY *of* HENDRICKS *County* IN *(state) were 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*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 422

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 8-11-93
Name of Physician D L Boyd M.D.

MALE APPLICANT

Name: First Christopher Middle Allen Last Ryan

Date of Birth: Month 1 Day 28 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1083 Windsor Rd. City Brownsburg County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Roy Lee Ryan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rose Lee Barnes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Chris A. Ryan Date 8/18/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Chris A. Ryan
New Address 8173 Portside Dr. Indpls, IN 46234

Subscribed and sworn to before me this 18 day of August, 19 93

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Kay Last Smith

Date of Birth: Month 8 Day 15 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1620 Brentwood City Plainfield County In State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Eugene Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lola Margaret Schabel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Angela K. Smith Date 8-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Angela K Smith
New Address 8173 Portside Dr. Indpls 46234

Subscribed and sworn to before me this 18 day of August, 19 93

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-18-93 *, authorizing the marriage of* CHRISTOPHER ALLEN RYAN *and* ANGELA KAY SMITH *. I further certify that the following marriage certificate was filed in my office: I,* PHILIP J. GABRILL *(name), certify that on* AUGUST 28, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* CHRISTOPHER ALLEN RYAN *of* HENDRICKS *County* IN *(state), and* ANGELA KAY SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-28-93 *. Signed by:* /s/ PHILIP J. GABRILL *,* PASTOR *(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*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 423

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 8-17-93
Name of Physician C H Tripplet M.D.

MALE APPLICANT

Name: First Nathan Middle Jerald Last Perry

Date of Birth: Month 4 Day 13 Year 73

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 9124 N Whispering Winds City Indpls County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Jerald Wayne Perry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Faye Jerrell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nathan Perry Date 8/17/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Nathan J Perry
New Address 3364 Watergate Rd. Indpls., IN 46224
Subscribed and sworn to before me this 18th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tamera Middle Kay Last Peters

Date of Birth: Month 5 Day 14 Year 74

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 1015 Brookside Ln City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Jeffery Harden Peters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Kay Jessup
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tamera K. Peters Date 8-18-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tamera K. Peters
New Address 3364 Watergate Rd. Indpls. IN 46224
Subscribed and sworn to before me this 18th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-18-93 *, authorizing the marriage of* NATHAN JERALD PERRY *and* TAMERA KAY PETERS *. I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* AUGUST 21, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* NATHAN JERALD PERRY *of* HENDRICKS *County* IN *(state), and* TAMERA KAY PETERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-18-93 *. Signed by:* /s/ R. FRED RODKEY *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 424

HENDRICKS County

File

8-19-93
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 8-6-93
Name of Physician Karen D. Johnson MD

MALE APPLICANT

Name: First Kenneth Middle A. Last Walls
Date of Birth: Month 2 Day 28 Year 72
Place of Birth (State or foreign country) Oakland City, In.
Residence Address: Street or R.R. RR1 Box 292W City Pittsboro County Hend. State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none.
6. (a) Full name of applicant's father Kenneth D. Walls.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) same as above
   Birthplace of father (State or foreign country) In - Ill -
   (b) Full maiden name of applicant's mother Sandra S. Ingle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as above
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kenneth A. Walls Date 8-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kenneth A. Walls
New Address RR2 BOX 44A ROACHDALE, IN
Subscribed and sworn to before me this 19 day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court
CA

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle J. Last Marie
Date of Birth: Month 7 Day 16 Year 72
Place of Birth (State or foreign country) S. City Iowa
Residence Address: Street or R.R. 105 Morena Ct. City Brownsburg County Hend. State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) drivers Iowa Liscense

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Robert Marie 2yrs.
6. (a) Full name of applicant's father Jerry Wayne Marie
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Mexico
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Frances Joe Wood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind - same as above
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Linda J. Marie Date 8-19-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Linda J. Marie
New Address RR 2 Box 44A Roachdale, In
Subscribed and sworn to before me this 19 day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court
CA

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-19-93 *, authorizing the marriage of* KENNETH A. WALLS *and* LINDA J. MARIE *. 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,* KENNETH A. WALLS *of* HENDRICKS *County* IN *(state), and* LINDA J. MARIE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-19-93 *. Signed by:* /s/ REV. JAMES D. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 425

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-19-93
Name of Physician K. Johns, M.D.

MALE APPLICANT

Name: First Terence Middle Len Last Mulder

Date of Birth: Month 5 Day 9 Year 64

Place of Birth (State or foreign country) Waupun, Wisc.

Residence Address: Street or R.R. ~~RR~~ 8150 E 725 N City Brownsburg County ~~Hendricks~~ State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Miranda Kay Mulder 8 yrs.
   Bradley Len Mulder 5 yrs.
6. (a) Full name of applicant's father Albertus Mulder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brandon, Wisc
   Birthplace of father (State or foreign country) Wisc
   (b) Full maiden name of applicant's mother Joan Doris Capurry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brandon, Wisc
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Terence L Mulder Date 8-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Terence L Mulder
New Address 6798 E 425 N Brownsburg IN 46112

Subscribed and sworn to before me this 20th day of Aug, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Dawn Middle Marie Last Puccinelli

Date of Birth: Month 2 Day 23 Year 64

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 1 Jocovi Ct. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jonathon James Puccinelli 3 yrs
6. (a) Full name of applicant's father Gino Joseph Puccinelli
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Glen Irene May
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dawn M Puccinelli Date 8-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dawn M Puccinelli
New Address 6798 E 425 N Brownsburg, IN

Subscribed and sworn to before me this 20th day of Aug, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* TERENCE LEN MULDER *and* DAWN MARIE PUCCINELLI. *I further certify that the following marriage certificate was filed in my office: I,* DAVID WOHLENHAUS *(name), certify that on* 8-21-93 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* TERENCE LEN MULDER *of* HENDRICKS *County* IN *(state), and* DAWN MARIE PUCCINELLI *of* HENDRICKS *County* IN *(state) were 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/ DAVID WOHLENHAUS, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 426

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-11-92
Name of Physician R. Woods, M.D.

MALE APPLICANT

Name: First Donald Middle Eugene Last Reed

Date of Birth: Month 6 Day 29 Year 71

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 11315 W. Washington City Indpls. County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. (Children - see →)
6. (a) Full name of applicant's father Kenneth Lee Reed
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary-Ruth Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Little Point, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donald Reed Date Aug 20 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Donald Reed

New Address same

Subscribed and sworn to before me this 20th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Kay Last Reed

Date of Birth: Month 8 Day 4 Year 73

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 11315 W. Washington City Indpls. County Hendricks State In. 46231

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Andrew Scott Reed 2yrs.
   Jacob Nathaniel Reed 5 mos.
6. (a) Full name of applicant's father James Leray Burnett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Kay ~~Ed~~ Chasteen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michelle Reed Date 8/20/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michelle Reed

New Address SAME

Subscribed and sworn to before me this 20th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* DONALD EUGENE REED *and* MICHELLE KAY REED *. I further certify that the following marriage certificate was filed in my office: I,* GREGORY LEE RATLIFF *(name), certify that on* AUGUST 21, 1993 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* DONALD EUGENE REED *of* HENDRICKS *County* IN *(state), and* MICHELLE KAY REED *of* HENDRICKS *County* IN *(state) were 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/ GREGORY L. RATLIFF *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 427

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-17-93
Name of Physician K. Deasy, M.D.

MALE APPLICANT

Name: First Clint Middle Allen Last Hardin

Date of Birth: Month 6 Day 24 Year 65

Place of Birth (State or foreign country) Indianapolis, In. Allen Co.

Residence Address: 6025 Holley Oak Dr. Ft. Wayne, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Edward Hardin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruth Kay Winegar
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Clint A. Hardin Date 8-20-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Clint A. Hardin
New Address 1255 Lucille Ct, Plainfield, IN 46168
Subscribed and sworn to before me this 20th day of Aug, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Phyllis Middle Jean Last Dodd

Date of Birth: Month 12 Day 27 Year 49

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: 1255 Lucille Ct Plainfield, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Matthew Ann Warren Dodd 16 yrs. Andrew Mason Dodd 16 yrs.
6. (a) Full name of applicant's father Harlan Gerald Mitchell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Westfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruby Margaret Byers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Port, Fla.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Phyllis J. Dodd Date 8/20/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Phyllis J. Dodd
New Address Same
Subscribed and sworn to before me this 20th day of Aug, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 *. I further certify that the following marriage certificate was filed in my office: I,* JOANNE K. SCHOETTLE *(name), certify that on* SEPTEMBER 3, 1993 *(date), at* JAMESTOWN *in* BOONE *County, Indiana,* CLINT ALLEN HARDIN *of* ALLEN *County* IN *(state), and* PHYLLIS JEAN DODD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-3-93 *. Signed by:* /s/ JOANNA K. SCHOETTLE *,* CLERK TREASURER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-10-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 428

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-19-93
Name of Physician C. L. Tripple, M.D.

MALE APPLICANT

Name: First Scott Middle Douglas Last McGrew

Date of Birth: Month 4 Day 11 Year 67

Place of Birth (State or foreign country) Roanoke, Il. (McHenry Co)

Residence Address: Street or R.R. 833 Canterbury Dr. City Crystal Lake County State Il.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father R. Douglas McGrew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) West Va.
   (b) Full maiden name of applicant's mother Jean Ellen Annable
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crystal Lake, Il.
   Birthplace of mother (State or foreign country) New York.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Scott McGrew Date 8/20/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Scott McGrew

New Address _____

Subscribed and sworn to before me this 20th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Heather Middle Leanne Last Holifield

Date of Birth: Month 2 Day 22 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 7729 Andrea Pass City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Jerry Ray ~~Grad~~ Holifield
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Sharon Ann Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Canada

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Heather Holifield Date Aug 20, 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Heather Holifield

New Address _____

Subscribed and sworn to before me this 20th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* SCOTT DOUGLAS McGREW *and* HEATHER LEANNE HOLIFIELD *. I further certify that the following marriage certificate was filed in my office: I,* DAVID ANDREW RUPERT *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* SCOTT DOUGLAS McGREW *of* McHENRY *County* IL *(state), and* HEATHER LEANNE HOLIFIELD *of* HENDRICKS *County* IN *(state) were 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/ REV. DAVID A. RUPERT *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 429

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 ☐
If No, Medical Examination or Report Dated 8-27-93
Name of Physician J. Kerlan, M.D.

MALE APPLICANT

Name: First Kevin Middle Michael Last Elliott

Date of Birth: Month 6 Day 5 Year 35

Place of Birth (State or foreign country): Minneapolis, Mn.

Residence Address: Street or R.R. 3601 Keeler Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Thomas Clancy Elliott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Las Vegas, Nv.
   Birthplace of father (State or foreign country) Mn.
   (b) Full maiden name of applicant's mother Kaelyn Anna Olson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 8-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
"Same"
New Address

Subscribed and sworn to before me this 23 day of 8, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Irene Last Hewitt

Date of Birth: Month 10 Day 19 Year 47

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address: Street or R.R. 3601 Keeler Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Dale Everett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Constance Mae Mathews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Carolyn D Hewitt Date 8/22/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Carolyn D Hewitt
Same
New Address

Subscribed and sworn to before me this 27th day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* 8-27-93 *, authorizing the marriage of* KEVIN MICHAEL ELLIOTT *and* CAROLYN IRENE HEWITT *. I further certify that the following marriage certificate was filed in my office: I,* JOHN CALDWELL *(name), certify that on* AUGUST 28, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KEVIN MICHAEL ELLIOTT *of* HENDRICKS *County* IN *(state), and* CAROLYN IRENE HEWITT *of* HENDRICKS *County* IN *(state) were 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/ JOHN CALDWELL *,* PASTOR *(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*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 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 ☒ Yes ☐
If No, Medical Examination or Report Dated 8-23-93
Name of Physician C. W. Allen M.D.

MALE APPLICANT

Name First: Darrell Middle: Ray Last: Blair

Date of Birth Month: 4 Day: 24 Year: 67

Place of Birth (State or foreign country): Indianapolis In.

Residence Address Street or R.R.: 5911 E 150 N City: Danville County: State: In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father David Eugene Blair
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Rockville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Sue Butler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Rockville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Darrell R Blair Date 8-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Darrell R Blair

New Address SAME

Subscribed and sworn to before me this 23rd day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First: Melissa Middle: Ann Last: Spurr

Date of Birth Month: 1 Day: 12 Year: 67

Place of Birth (State or foreign country): Indianapolis In.

Residence Address Street or R.R.: 4873 E. Rd 150 N City: Danville County: State: In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Sarah Beth Spurr 4 yrs.
   Joseph Thomas Spurr 2 yrs.

6. (a) Full name of applicant's father Norman Eugene Bowen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeannie Ellen Mann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Melissa A. Spurr Date 8-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Melissa A. Spurr

New Address 5911 E Rd 150 N Danville Ind.

Subscribed and sworn to before me this 23rd day of Aug, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-23-93 *, authorizing the marriage of* DARRELL RAY BLAIR *and* MELISSA ANN SPURR *. I further certify that the following marriage certificate was filed in my office: I,* L. LANG BROWNLEE *(name), certify that on* AUGUST 28, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DARRELL RAY BLAIR *of* HENDRICKS *County* IN *(state), and* MELISSA ANN SPURR *of* HENDRICKS *County* IN *(state) were 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/ L. LANG BROWNLEE *,* 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*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 431

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 ☐
If No, Medical Examination or Report Dated 8-23-93
Name of Physician M. Schoppen, M.D.

MALE APPLICANT

Name: First Calvin Middle Woodrow Last Howard

Date of Birth: Month 4 Day 2 Year 65

Place of Birth (State or foreign country) Seymour, In.

Residence Address: Street or R.R. 23 Lake Dr. S. City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Woodrow Howard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Ruth Belle Break
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Calvin W Howard Date 8-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Calvin W Howard

New Address Same

Subscribed and sworn to before me this 23rd day of Aug, 19 8-23-93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stacy Middle Sue Last Pierle

Date of Birth: Month 9 Day 15 Year 71

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 23 Lake Dr So. City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Patrick Edward Pierle, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rhonda Faye Newman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stacy S. Pierle Date 8-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Stacy S. Pierle

New Address SAME

Subscribed and sworn to before me this 23 day of 8, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-23-93 *, authorizing the marriage of* CALVIN WOODROW HOWARD *and* STACY 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 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* CALVIN WOODROW HOWARD *of* HENDRICKS *County* IN *(state), and* STACY SUE PIERLE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-4-93 *. Signed by:* /s/ KEVIN W. HINES *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 432

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 ☐
If No, Medical Examination or Report Dated 8-19-93
Name of Physician J. H. Block, M.D.

MALE APPLICANT

Name: First Duane Middle Ray Last Summerlot

Date of Birth: Month 4 Day 8 Year 63

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. RR 1 Box 421 City Coatesville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Dallas Raymond Summerlot
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice Leonard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Kathy Middle Lynn Last Musgrave

Date of Birth: Month 10 Day 12 Year 54

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. RR 1 Box 421 City Coatesville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jeffery Dale Goodpaster 15 yrs
   Derrick Allen Goodpaster 13 Yrs.
6. (a) Full name of applicant's father William Delaware Nichols
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle, In.
   Birthplace of father (State or foreign country) ?
   (b) Full maiden name of applicant's mother Minnie Marie Long
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Duane Summerlot Date 8-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Duane Summerlot

New Address Same

Subscribed and sworn to before me this 23rd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kathy Musgrave Date 8-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kathy Musgrave

New Address SAME

Subscribed and sworn to before me this 23rd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-23-93 *, authorizing the marriage of* DUANE RAY SUMMERLOT *and* KATHY LYNN MUSGRAVE *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 23, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DUANE RAY SUMMERLOT *of* HENDRICKS *County* IN *(state), and* KATHY LYNN MUSGRAVE *of* HENDRICKS *County* IN *(state) were 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 *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS
Circuit Court

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 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
Name of Physician P Stroud, M.D.

MALE APPLICANT

Name: First Glendyn Middle Lee Last Austin

Date of Birth: Month 8 Day 24 Year 54

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R.R. 3603 Clarks Creek Rd City Indianapolis County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Lee Austin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Glenda Kay Rose
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Glendyn Austin Diana J. Caudill Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Glendyn Austin

New Address Same

Subscribed and sworn to before me this 23rd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle Jean Last Caudill

Date of Birth: Month 6 Day 29 Year 64

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R.R. 3603 Clarks Creek Rd City Plainfield County (Indianapolis) State In. 4/6/23

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Raymond Leroy Seyfried
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nashville, In.
   Birthplace of father (State or foreign country) Ga.
   (b) Full maiden name of applicant's mother Gloria Jean Jacobs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Diana J. Caudill Date 8-23-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Diana J. Caudill

New Address Same

Subscribed and sworn to before me this 23rd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-23-93 *, authorizing the marriage of* GLENDYN LEE AUSTIN *and* DIANA JEAN CAUDILL *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 23, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GLENDYN LEE AUSTIN *of* HENDRICKS *County* IN *(state), and* DIANA JEAN CAUDILL *of* HENDRICKS *County* IN *(state) were 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 *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 434

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 ☐
If No, Medical Examination or Report Dated 8-23-93
Name of Physician R. Sterling, M.D.

MALE APPLICANT

Name: First Lester Middle Asberry Last Fowler

Date of Birth: Month 4 Day 27 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 530 Enderly Ave #8 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages |

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Christopher Michael Fowler 6yrs.
6. (a) Full name of applicant's father Asberry Carmen Fowler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Lucy Charlotte Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Conn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lester A. Fowler Date 8/23/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lester A. Fowler

New Address same

Subscribed and sworn to before me this 23rd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Beth Middle Ann Last Evans

Date of Birth: Month 5 Day 3 Year 70

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 530 Enderly Ave #8 City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Bruce Lee Evans
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beatrice Jene Wampler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Beth A. Evans Date 8/23/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Beth A. Evans

New Address _____

Subscribed and sworn to before me this 23rd day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-23-93 *, authorizing the marriage of* LESTER ASBERRY FOWLER *and* BETH ANN EVANS *. I further certify that the following marriage certificate was filed in my office: I,* REV. MICHAEL J. LINVILLE *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* LESTER ASBERRY FOWLER *of* HENDRICKS *County* IN *(state), and* BETH ANN EVANS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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 Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 435

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 ☐
If No, Medical Examination or Report Dated 8-3-93
Name of Physician K. Ryder, M.D.

MALE APPLICANT

Name: First Robert Middle Leo Last Burns
Date of Birth: Month 7 Day 24 Year 45
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 20 Walnut Dr. City Brownsburg County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Leo J. Burns
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Julia B. Cooley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert L. Burns Date 8/24/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Robert L. Burns
New Address 7055 Mariner Way #A Indpls, IN
Subscribed and sworn to before me this 24th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Debra Middle Ann Last Carrier
Date of Birth: Month 8 Day 11 Year 51
Place of Birth (State or foreign country) Greenfield In.
Residence Address: Street or R.R. 7055 Mariner Way Apt A City Indpls. County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James T. Carrier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenfield, In
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Ruth Mae Hamblin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenfield, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Debra A. Carrier Date 8/24/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Debra A. Carrier
New Address Same
Subscribed and sworn to before me this 24th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-24-93 *, authorizing the marriage of* ROBERT LEO BURNS *and* DEBRA ANN CARRIER *. I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE CURRY *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ROBERT LEO BURNS *of* HENDRICKS *County* IN *(state), and* DEBRA ANN CARRIER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-24-93 *Signed by:* /s/ REV. GEORGE CURRY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 436

HENDRICKS County

File

Aug 24-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-24-93
Name of Physician Dr. Isansel

MALE APPLICANT

Name: First Brian Middle A Last Clark

Date of Birth: Month 7 Day 14 Year 70

Place of Birth (State or foreign country) Indpls, In.

Residence Address: Street or R.R. 132 Eastern Ave City Plainfield County Hend State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Patrick R. Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Pamela Jo Chris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls.
   Birthplace of mother (State or foreign country) Indpls, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Brian A. Clark Date 8-24-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Brian A. Clark

New Address _____

Subscribed and sworn to before me this 24 day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle J. Last Gossmann

Date of Birth: Month 2 Day 9 Year 70

Place of Birth (State or foreign country) Indpls -

Residence Address: Street or R.R. 5976 Oak Hill Est. City Plainfield County Hend State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father James Peter Gossmann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield
   Birthplace of father (State or foreign country) S. Dakota
   (b) Full maiden name of applicant's mother Lorna Rae Rushton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield
   Birthplace of mother (State or foreign country) Indpls -

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amy J. Gossmann Date 8-24-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amy J. Gossmann

New Address _____

Subscribed and sworn to before me this 21 day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-24-93 *, authorizing the marriage of* 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 *in* HENDRICKS *County, Indiana,* BRIAN ANTHONY CLARK *of* HENDRICKS *County* IN *(state), and* AMY JO GOSSMANN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-24-93 *. Signed by:* /s/ REV. JOHN C. PARSLEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 437

HENDRICKS County

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-17-93
Name of Physician R. Aiello, M.D.

MALE APPLICANT

Name: First William Middle Douglas Last King
Date of Birth: Month 1 Day 21 Year 64
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R.R. 820 S. Westbrook Ave City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Benjamin Douglas King 3yrs.
6. (a) Full name of applicant's father Conford Clinton King
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Kathie Irene Burnett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Will D King Date 8-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Will D King
New Address Same
Subscribed and sworn to before me this 25th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Lynn Last Burke
Date of Birth: Month 1 Day 21 Year 69
Place of Birth (State or foreign country): Jacksonville Beach, Fla.
Residence Address: Street or R.R. 5998 E. Rd. 150 N. City Danville, County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father John Leroy Burke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margie Jewell Wessel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle L Burke Date 8-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michelle L Burke
New Address 820 S. Westbrook Ave. Indpls, IN 46241
Subscribed and sworn to before me this 25th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-25-93 *, authorizing the marriage of* WILLIAM DOUGLAS KING *and* MICHELLE LYNN BURKE *. I further certify that the following marriage certificate was filed in my office: I,* RONALD E. SEARS *(name), certify that on* OCTOBER 2, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WILLIAM DOUGLAS KING *of* MARION *County* IN *(state), and* MICHELLE LYNN BURKE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-25-93 *. Signed by:* /s/ RONALD E. SEARS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 438

HENDRICKS County

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-12-93
Name of Physician Stegemoller M.D.

MALE APPLICANT

Name: First Cole Middle Tyler Last Phillips

Date of Birth: Month 3 Day 5 Year 72

Place of Birth (State or foreign country) Bedford In.

Residence Address: Street or R.R. 11 Plainview Dr. City Danville County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Leonard Kaeth Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Virginia Irene Hill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, In
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Snapp

Date of Birth: Month 10 Day 10 Year 69

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 11 Plainview Dr. City Danville County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

(a) Full name of applicant's father John Cornell Snapp
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Danville, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Sara Ann McDonald
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Danville In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cole T. Phillips Date 8/25/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cole T. Phillips

New Address _____

Subscribed and sworn to before me this 25th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kimberly A. Snapp Date 8-25-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kimberly A. Snapp

New Address _____

Subscribed and sworn to before me this 25th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-25-93 *, authorizing the marriage of* Cole Tyler Phillips *and* Kimberly Ann Snapp *. I further certify that the following marriage certificate was filed in my office: I,* Jeffrey V. Boles *(name), certify that on* September 11th, 1993 *(date), at* One-thirty in Indianapolis *in* Marion *County, Indiana,* Cole Tyler Phillips *of* Hendricks *County* Indiana *(state), and* Kimberly Ann Snapp *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-25-93 *. Signed by:* /s/ Jeffrey V. Boles, Judge/Circuit Court *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-11-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

587

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 439

HENDRICKS County

File

8-26-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-26-93
Name of Physician Peterson, M.D.

MALE APPLICANT

Name: First Michael Middle Kevin Last Allen
Date of Birth: Month 3 Day 6 Year 65
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. PO Box 58 City Amo County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald H. Allen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Amo, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Marjorie Shirlene Larson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Amo, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael Allen Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
Signed Michael Allen
New Address
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 26th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Niki Middle Rae Last Gaul
Date of Birth: Month 9 Day 29 Year 71
Place of Birth (State or foreign country) Peoria, Ill.
Residence Address: Street or R.R. PO Box 58 City Amo County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jonathon Davidson 4 yrs. Matthew Davidson 1 yr.
6. (a) Full name of applicant's father William Robert Gaul
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Peoria, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Dorothy Rae Cook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) St. Petersburg, Fla.
   Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Niki Gaul Date 8-26-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
Signed Niki Gaul
New Address "same"
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 26th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-26-93 *, authorizing the marriage of* MICHAEL K. ALLEN *and* NIKI R. GAUL *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 26, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL K. ALLEN *of* HENDRICKS *County* IN *(state), and* NIKI R. GAUL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-26-93 *.*
Signed by: /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 8-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

588

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 440

HENDRICKS County

File

8-26-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Women Mercy

MALE APPLICANT

Name: First Joseph Middle Wayne Last McDaniel

Date of Birth: Month 1 Day 4 Year 76

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 9825 W. Washington St. City Indpls County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) School Rec., SS# 316-76-1133

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Charles Thomas McDaniel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda L. Luttrell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville, IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ Joseph W. McDaniel Date 8/26/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ Joseph W. McDaniel

New Address

Subscribed and sworn to before me this 26 day of Aug., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father Deceased 9-22-84 ID #

Mother Linda Russells ID # 306-72-6623

Subscribed and sworn to before me this 26 day of Aug., 19 93

Connie Lawson Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Marie Last Redding

Date of Birth: Month 9 Day 1 Year 77

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 9825 W. Washington St. City Indpls. County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Everett William Redding
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Donna Kay Torrence
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ Jennifer M. Redding Date 8-26-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ Jennifer M Redding

New Address

Subscribed and sworn to before me this 26 day of Aug., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father ✕ Everett W. Redding ID # 306-64-9887

Mother ✕ Donna K. Redding ID # 309-68-2758

8-30-93 Connie Lawson

Subscribed and sworn to before me this 26 day of Aug., 19 93

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court, by written order issued Age Waiver and filed in Clerks Office, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-30-93, *authorizing the marriage of* JOSEPH W. McDANIEL *and* JENNIFER M. REDDING. *I further certify that the following marriage certificate was filed in my office: I,* HAROLD BEATY *(name), certify that on* AUGUST 30, 1993 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* JOSEPH W. McDANIEL *of* HENDRICKS *County* IN *(state), and* JENNIFER M. REDDING *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-30-93. *Signed by:* /s/ ELDER HAROLD BEATY, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 441

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 ☐
If No, Medical Examination or Report Dated 8-27-93
Name of Physician Benson, M.D.

MALE APPLICANT

Name: First Denton Middle Everett Last Bemis

Date of Birth: Month 11 Day 12 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. PO Box 122 City Clayton County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brantly H. Wayne Bemis
6. (a) Full name of applicant's father Gordon Wayne Bemis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cloverdale IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Carolyn Sue Geralds
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cloverdale IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Denton Bemis Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.
Signed X Denton Bemis
New Address
Subscribed and sworn to before me this 27 day of Aug, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Marie Last Jackson

Date of Birth: Month 12 Day 19 Year 74

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 420 Magnolia Dr. City Plainfield County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harold H. Jackson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Janet Louise Disney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cynthia M. Jackson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.
Signed Cynthia M. Jackson
New Address PO Box 122 Clayton, IN 46118
Subscribed and sworn to before me this 27th day of Aug, 1993
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-27-93 *, authorizing the marriage of* DENTON EVERETT BEMIS *and* CYNTHIA MARIE JACKSON *. I further certify that the following marriage certificate was filed in my office: I,* STEVAN W. RANSON *(name), certify that on* AUGUST 28, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* DENTON EVERETT BEMIS *of* HENDRICKS *County* IN *(state), and* CYNTHIA MARIE JACKSON *of* HENDRICKS *County* IN *(state) were 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/ 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*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 442

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 ☐
If No, Medical Examination or Report Dated 8-27-93
Name of Physician Wm Edwards, M.D.

MALE APPLICANT

Name: First Michael Middle Lee Last Bailey

Date of Birth: Month 3 Day 2 Year 65

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 9529 Melody Ln City Hend County Indpls State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father David Allen Bailey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sally Lou Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant M L Bailey Date 8/27/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed M L Bailey

New Address _____

Subscribed and sworn to before me this AUG day of 27, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kasee Middle Marie Last Krueger

Date of Birth: Month 1 Day 7 Year 69

Place of Birth (State or foreign country) Toledo Ohio

Residence Address: Street or R.R. 9529 Melody Ln City Hend County Indpls State In. 46231

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michael Bailey 4 yrs. Jessica Bailey 3 yrs. Robert Bailey 1 yr.

6. (a) Full name of applicant's father Clark Gordon Krueger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plantation, Fla.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Gloria Ann Nolan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio Louisiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kasee Marie Krueger Date 8-27-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kasee Marie Krueger

New Address _____

Subscribed and sworn to before me this 27 day of AUG, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-27-93, *authorizing the marriage of* MICHAEL LEE BAILEY *and* KASEE MARIE KRUEGER. *I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* AUGUST 27, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL LEE BAILEY *of* HENDRICKS *County* IN *(state), and* KASEE MARIE KRUEGER *of* HENDRICKS *County* IN *(state) were 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/ DEBRA A. HEDRICK, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 443

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
Name of Physician Clark M.D.

MALE APPLICANT

Name: First Joe Middle Edward Last Singleton
Date of Birth: Month 1 Day 10 Year 45
Place of Birth (State or foreign country): Danville In.
Residence Address: 4260 W 200 S Street or R.R. Danville City, County, State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Bossie Singleton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas Deceased
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Mary Kathleen Butler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joe Ed Singleton Date 8-27-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 8-27-93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Joe Ed Singleton
New Address Same
Subscribed and sworn to before me this 27th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Debra Middle Ann Last Heymig
Date of Birth: Month 4 Day 24 Year 66
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: 4260 W 200 S Street or R.R. Danville City, County, State, In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Indiana I.D. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Grace Heymig 9 yrs.
   Jerry Heymig 7 yrs.
6. (a) Full name of applicant's father John William Brewer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ky
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Patricia Ann Jackson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Debbie Heymig Date 8/27/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 8/27/93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Debbie Heymig
New Address Same
Subscribed and sworn to before me this 27th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-27-93 *, authorizing the marriage of* JOE EDWARD SINGLETON *and* DEBRA ANN HEYMIG *. I further certify that the following marriage certificate was filed in my office: I,* REV. KENNETH SMITH *(name), certify that on* SEPTEMBER 13, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOE EDWARD SINGLETON *of* HENDRICKS *County* IN *(state), and* DEBRA ANN HEYMIG *of* HENDRICKS *County* IN *(state) were 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 444

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 ☐
If No, Medical Examination or Report Dated 8-27-93
Name of Physician Wm Edwards, M.D.

MALE APPLICANT

Name: First Douglas Middle Scott Last Hawkins

Date of Birth: Month 3 Day 10 Year 70

Place of Birth (State or foreign country) Reidsville, N.C.

Residence Address: Street or R.R. 5506 Pleasant Hill Circle apt D City Indpls County (marion) State Ind

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Douglas McGee Hawkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Reidsville, NC
   Birthplace of father (State or foreign country) N.C.
   (b) Full maiden name of applicant's mother Carolyn Smathers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Reidsville, N.C.
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Douglas S. Hawkins Date 8/27/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Douglas S Hawkins
New Address 5506 Pleasant Hill Cir. D
Subscribed and sworn to before me this 27th day of August, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Janice Middle Kay Last Mast

Date of Birth: Month 2 Day 24 Year 73

Place of Birth (State or foreign country) Effingham, Ill.

Residence Address: Street or R.R. 1069 Sharon Dr. City Plainfield County In State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father David Edward Mast
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Pittsfield Mass.
   (b) Full maiden name of applicant's mother Linda Kay Rentfro
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Janice K Mast Date 8-27-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Janice K Mast
New Address 5506 Pleasant Hill Circle #D
Subscribed and sworn to before me this 27th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-27-93 *, authorizing the marriage of* DOUGLAS SCOTT HAWKINS *and* JANICE KAY MAST *. I further certify that the following marriage certificate was filed in my office: I,* CARL E. MAST *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* PENDLETON *in* MADISON *County, Indiana,* DOUGLAS SCOTT HAWKINS *of* MARION *County* IN *(state), and* JANICE KAY MAST *of* HENDRICKS *County* IN *(state) were 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/ CARL E. MAST *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 445

HENDRICKS County

File

8-30-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Pizzatto

MALE APPLICANT

Name: First Paul Middle J Last Howard

Date of Birth: Month 8 Day 21 Year 60

Place of Birth (State or foreign country) Tenn.

Residence Address: Street or R.R. 10063 Crawfordsville Rd City Indpls County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father George Jackson Howard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Martha Elrita Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Tenn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Paul J Howard Date 8-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Paul J Howard
New Address

Subscribed and sworn to before me this 30th day of August, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Vicki Middle J Last Malayer

Date of Birth: Month 9 Day 13 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10063 Crawfordsville City INDPLS County State IN 46234

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Nathan Allen Malayer
6. (a) Full name of applicant's father Wilford Malayer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Norma Fistzsimmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Vicki J Malayer Date 8/30/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Vicki J Malayer
New Address

Subscribed and sworn to before me this 30th day of August, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-30-93 *, authorizing the marriage of* PAUL J. HOWARD *and* VICKI J. MALAYER *. I further certify that the following marriage certificate was filed in my office: I,* REV. CLAUDE CREEL *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* HUNTSVILLE *in* MADISON *County, Indiana,* PAUL J. HOWARD *of* HENDRICKS *County* IN *(state), and* VICKI J. MALAYER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-11-93 *. Signed 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 446

HENDRICKS County

File

8-30-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-30-93
Name of Physician Mark Wyatt, M.D.

MALE APPLICANT

Name: First Buford Middle Lee Last Mitchell
Date of Birth: Month 1 Day 14 Year 72
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. PO Box 62 City Amo County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Ronnie Lee Mitchell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lettie armitta Brack
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Amo, In.
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Buford Mitchell Date 8-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Buford Mitchell
New Address _____
Subscribed and sworn to before me this 30th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Lynne Last Sheldon
Date of Birth: Month 2 Day 29 Year 72
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R.R. PO Box 207 City Amo County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Ricky Joe Sheldon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crawfordsville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Lynn Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Amo, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amy L Sheldon Date 8-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Amy L Sheldon
New Address _____
Subscribed and sworn to before me this 30th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-30-93 *, authorizing the marriage of* BUFORD LEE MITCHELL *and* AMY LYNNE SHELDON *. I further certify that the following marriage certificate was filed in my office: I,* BUFORD BRACK *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* AMO *in* HENDRICKS *County, Indiana,* BUFORD LEE MITCHELL *of* HENDRICKS *County* IN *(state), and* AMY LYNNE SHELDON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-4-93 *Signed by:* /s/ MUFORD BRACK *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 447

HENDRICKS County

File

8-30-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-23-93
Name of Physician J C Herin, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Joseph Middle Duane Last Bowser	Name: First Mary Middle Elizabeth Anne Last Crawley
Date of Birth: Month 7 Day 16 Year 74	Date of Birth: Month 10 Day 4 Year 73
Place of Birth (State or foreign country) Burbank, Calif.	Place of Birth (State or foreign country) Danville, Ind
Residence Address: Street or R.R. 9880 W 10th City 40-5 County Indianapolis State In.	Residence Address: Street or R.R. 9880 W 10th City 40-5 County Indianapolis 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 1993
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? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ 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. Joseph William Bowser III 1 yr.	5. List the full names of any dependent children. Halie Crawley 2 yrs.
6. (a) Full name of applicant's father Joseph William Bowser, Jr.	6. (a) Full name of applicant's father Marlin David Mitchell
(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) Vincennes, In.
Birthplace of father (State or foreign country) Pa.	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Louise French	(b) Full maiden name of applicant's mother Cynthia Anne Morgan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Plainfield, In.	Residence of mother (if deceased, so state) Clayton, In.
Birthplace of mother (State or foreign country) Illinois	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joe O. Bowser. Date 8/30/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Joe O. Bowser.
New Address same

Subscribed and sworn to before me this 30th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mary Crawley Date 8/30/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mary Crawley
New Address same

Subscribed and sworn to before me this 30th day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-30-93 *, authorizing the marriage of* JOSEPH DUANE BOWSER *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 *in* HENDRICKS *County, Indiana,* JOSEPH DUANE BOWSER *of* HENDRICKS *County* IN *(state), and* MARY ELIZABETH ANNE CRAWLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-2-93 *. Signed by:* /s/ DWIGHT A. HERIN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 448

File 8-30-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-30-93
Name of Physician John Calhoun, M.D.

MALE APPLICANT

Name First Devon Middle Duane Last Pulliam

Date of Birth Month 10 Day 10 Year 70

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. 250 North East St. Apt 208 City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Marc Stephen Pulliam
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Terri Lee White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-30-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address Same
Subscribed and sworn to before me this 30th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Lisa Middle Renee Last Hicks

Date of Birth Month 10 Day 27 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 20 Abner Creek Pkwy. City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Bobby Gene Hicks Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marcia Louise Markland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lisa R. Hicks Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lisa R. Hicks
New Address 250 N. East St #208 Plainfield, IN. 46168
Subscribed and sworn to before me this 30th day of Aug, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-30-93 *, authorizing the marriage of* DEVON DUANE PULLIAM *and* LISA RENEE HICKS *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____ DEVON DUANE PULLIAM *of* HENDRICKS *County* IN *(state), and* _____ LISA RENEE HICKS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-30-93 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 449

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated 8-6-93
Name of Physician M. Bayer, M.D.

MALE APPLICANT

Name: First Bruce Middle Elliott Last Gemmel

Date of Birth: Month 10 Day 4 Year 64

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 628 Kentucky Ave. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Donald William Gemmel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Shell, Wyo.
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Patricia Jean Egger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Azo, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Bruce Gemmel Date 8-31-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Bruce Gemmel

New Address Same

Subscribed and sworn to before me this 31 day of August, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle Lynn Last Doss

Date of Birth: Month 1 Day 18 Year 71

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 628 Kentucky Ave City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Russell Doss Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Henrietta Blanche Shearer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Diana L Doss Date 8-31-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Diana L Doss

New Address S/A

Subscribed and sworn to before me this 31 day of August, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-31-93 *, authorizing the marriage of* BRUCE ELLIOTT GEMMEL *and* DIANA LYNN DOSS *. I further certify that the following marriage certificate was filed in my office: I,* V. RAY DIXON *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* BRUCE ELLIOTT GEMMEL *of* HENDRICKS *County* IN *(state), and* DIANA LYNN DOSS *of* HENDRICKS *County* IN *(state) were 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/ V. RAY DIXON *,* REVEREND *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 450

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated 8-31-93
Name of Physician M. Boyer, M.D.

MALE APPLICANT

Name: First John Middle Michael Last Lagle

Date of Birth: Month 4 Day 23 Year 72

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. Rt #1 Box 237T City Pittsboro County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jack Harrison Lagle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Elaine Boyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John M. Lagle Date 8-31-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John M. Lagle

New Address Same

Subscribed and sworn to before me this 31st day of Aug, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Kelly Middle Sue Last McNabb

Date of Birth: Month 3 Day 17 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. R#1 Box 237T City Pittsboro County In. State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father David Eugene McNabb
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Lee Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kelly S. McNabb Date 8/31/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kelly S. McNabb

New Address Same

Subscribed and sworn to before me this 31st day of Aug, 1993

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-31-93 *, authorizing the marriage of* JOHN MICHAEL LAGLE *and* KELLY SUE McNABB *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JOHN MICHAEL LAGLE *of* HENDRICKS *County* IN *(state), and* KELLY SUE McNABB *of* HENDRICKS *County* IN *(state) were 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/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 451

HENDRICKS County

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 ☐
If No, Medical Examination or Report Dated 8-30-93
Name of Physician R. Hensell, M.D.

MALE APPLICANT

Name: First Jeffrey Middle J Last Mattern

Date of Birth: Month 12 Day 13 Year 63

Place of Birth (State or foreign country): Muncie In.

Residence Address: Street or R.R. 8452 Inland Dr. City Ind. County Hend. State Indpls. In. 46234

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Thomas J Mattern
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wabash In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Kloise Snellenberger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Wabash In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeffrey J Mattern Date 8/31/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jeffrey J Mattern
New Address Same

Subscribed and sworn to before me this 31st day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Nadine Middle Louise Last Kiebach

Date of Birth: Month 12 Day 5 Year 70

Place of Birth (State or foreign country): Reading, Pa.

Residence Address: Street or R.R. 8452 Inland Dr. City Ind. County Hend. State Indpls. In. 46234

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Clarence K. Kiebach Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wernersville, Pa.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Linda Louise Bender
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Nobleville, In.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Nadine L. Kiebach Date 8/31/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Nadine L. Kiebach
New Address Same

Subscribed and sworn to before me this 31st day of Aug., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-31-93 *, authorizing the marriage of* JEFFREY J. MATTERN *and* NADINE LOUISE KIEBACH *. I further certify that the following marriage certificate was filed in my office: I,* THE REV. RON M. ZORN *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* WABASH *in* WABASH *County, Indiana,* JEFFREY J. MATTERN *of* HENDRICKS *County* IN *(state), and* NADINE LOUISE KIEBACH *of* HENDRICKS *County* IN *(state) were 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 452

HENDRICKS County

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 ☐ 8-30-93
If No, Medical Examination or Report Dated
Name of Physician Dr. Mello

MALE APPLICANT

Name First Michael Middle A. Last Quillen

Date of Birth Month 12 Day 14 Year 51

Place of Birth (State or foreign country) Warsaw In.

Residence Address 2529 Fox Harbour Ct. Street or R.R. Indpls. City Marion County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/93

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Anthony Edward Quillen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Marshall Cty In. -
   (b) Full maiden name of applicant's mother Phillis Jean Trowbridge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Rapinee In.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Michael A. Quillen Date 8-31-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Michael A. Quillen

New Address

Subscribed and sworn to before me this 31st day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Alice Middle M. Last Gearld

Date of Birth Month 8 Day 22 Year 48

Place of Birth (State or foreign country) Indpls. In.

Residence Address Rt 1 Box 328 Street or R.R. Pittsboro City Hend In County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Holly 15 yrs.,

6. (a) Full name of applicant's father John Arthur Voelkel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In - Deceased.
   Birthplace of father (State or foreign country) Lyons New York
   (b) Full maiden name of applicant's mother Thelma Viola Huffstickler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Kings Mt. S. Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Alice M. Gearld Date 8/31/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Alice M. Gearld

New Address

Subscribed and sworn to before me this 31st day of Aug, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-31-93 *, authorizing the marriage of* MICHAEL ALLEN QUILLEN *and* ALICE MARIE GEARLD *. I further certify that the following marriage certificate was filed in my office: I,* RAYMOND H. DUFF *(name), certify that on* SEPTEMBER 3, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* MICHAEL ALLEN QUILLEN *of* MARION *County* IN *(state), and* ALICE MARIE GEARLD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-3-93 *. Signed by:* /s/ RAYMOND H. DUFF *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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